

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

APR 3 1932

1. PLACE OF DEATH
 5 County Barry Registration District No. 30
 Township High Plains Primary Registration District No. 5042
 City (No.) St. Ward

2. FULL NAME Sarah Francis Carter
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 7291
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. J. Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co Mo

FATHER 13. NAME Zachariah Woolley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME not obtainable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " 31

17. INFORMANT S. C. Carter
 (ADDRESS) P. O. mouth Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE High Plains DATE 3-16- 1932

19. UNDERTAKER Callaway's
 (ADDRESS) Mouth Mo

20. FILED 3-16- 1932 W. M. West
 Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to March 15, 1932
 I last saw her alive on about, 1932. Death is said to have occurred on the date stated above, at 4 p.m.
 The principal cause of death and related causes of importance were as follows:
Septicæmia Date of onset
This woman was found dead in bed at 9 o'clock this p.m. She apparently died of the cerebral embolism
 Other contributory causes of importance
Septicæmia of age 92
She had been ill a few days prior to death with indigestion
 Name of operation Date of
 What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 1932
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. M. West, M. D.
 (Address) Mouth Mo

