

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

Do not use this space.

8200

**1. PLACE OF DEATH**

42 County Henry  
5 Township Deepwater  
3 City Deepwater, Mo (No. .... St. .... Ward .....

Registration District No. 351  
Primary Registration District No. 7208

File No. ....  
Registered No. 5

**2. FULL NAME Minnie Carter**

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. <del>SINGLE</del> MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H.T. Carter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24 - 1888</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>11</u>
	DAYS <u>12</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Thomas J. Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Moore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>H.T. Carter Deepwater, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osceola Mo</u> DATE <u>3-8-32</u>		
19. UNDERTAKER (ADDRESS) <u>Dunnigan &amp; Hunt Deepwater, Mo</u>		
20. FILED <u>9-7</u> 19 <u>32</u> <u>J.J. Parrell</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-32

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1927, to March 6, 1932  
I last saw her alive on March 4, 1932 Death is said to have occurred on the date stated above, at 5 P.M.  
The principal cause of death and related causes of importance were as follows:  
Influenza  
to Bronchitis  
Following an attack  
of Influenza 11/11  
Date of onset

Other contributory causes of importance:  
Chlamydia 1066  
1396

Name of operation None Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) C. D. Taylor & J. J. Parrell M. D.  
(Address) Brownington & Dupont

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.

APR 26 1932

