

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

Dr. Martin
Do not use this space.

2127

1. PLACE OF DEATH

54 County Lafayette Registration District No. 464
 8 Township Primary Registration District No. 4277
 2 City Adena (No.) St. Ward

2. FULL NAME

Oliver M. Carter
 (a) Residence, No. St. Ward

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED (WIDOWED) OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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 13 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stamion Tenn Ky

MOTHER FATHER
 13. NAME Alexander Beery

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

15. MAIDEN NAME Elizabeth Beery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Roy Beerside

18. BURIAL, CREMATION, OR REMOVAL PLACE Silent Hill DATE 1/29 1933

19. UNDERTAKER (ADDRESS) Beery Bros Adena Mo.

20. FILED Jan 28 1933 R. C. Schooley Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1933, to 1-27, 1933.
 I last saw him alive on 1-27, 1933. Death is said to have occurred on the date stated above, at 6A m.
 The principal cause of death and related causes of importance were as follows:

Influenza
131
 Date of onset 1-14-33
 Other contributory causes of importance: Cardio-renal vascular disease
Senility

Name of operation none Date of
 What test confirmed diagnosis? Chest Was there an autopsy? no

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? no
 If so, specify no
 (Signed) Dr. Martin, M. D.
 (Address) Adena Mo

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.

2
 29
 2

