

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

Do not use this space.

5212

**1. PLACE OF DEATH**

County DeKalb Registration District No. 243  
 Township Grant Primary Registration District No. 5325  
 City Harriet (No. 1) St. Mo. Ward 1

**2. FULL NAME**

(a) Residence, No. 1 Ward. 1  
 (Usual place of abode) Louisburg Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 5 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FM 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1849

7. AGE YEARS 82 MONTHS 2 DAYS 29 If LESS than 1 day, hrs. 0 min. 0

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leann

13. NAME Wm Arnold

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

15. MAIDEN NAME Nancy Gallaher

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

17. INFORMANT (ADDRESS) J. J. Carter Louisburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mission DATE 7-13 1933

19. UNDERTAKER (ADDRESS) W. E. Johnson

20. FILED 7/14 1933 W. E. Johnson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1933, to 7-13, 1933

I last saw him alive on 2-13, 1933. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Flu  
 Other contributory causes of importance:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

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) W. E. Johnson M. D.

(Address) Louisburg Mo.

WRITE FAIRLY, 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.

