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.

29 1933

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

Do not use this space.

8201

File No.

Registered No.

1. PLACE OF DEATH

4

County Jasper — Registration District No. 419

Township McDonald — Primary Registration District No. 5573.

City (No. Reeds, Mo R#1 St. Ward)

2. FULL NAME Mary Elizabeth Carter

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

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: U C Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 7-1866

7. AGE: Years 66 — Months 10 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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): Jasper Co. Missouri

FATHER

13. NAME: J. R. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Lucy Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Allan Carter Reeds Mo #1

18. BURIAL, CREMATION, OR REMOVAL: New Hope Cemetery DATE 2/12/33

19. UNDERTAKER (ADDRESS): Ulmer Drake Carthage Missouri

20. FILED 2-12 1933 Mrs. W. A. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1932 to ~~Jan 27~~ Feb 27 1933

I last saw her alive on Jan 27 1933 Death is said to have occurred on the date stated above, at 5:15 A.M.

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

Chronic Myocarditis undetermined

Date of onset

131

Other contributory causes of importance: Chronic

131 Nephritis

93C

Name of operation Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) S X Cordonnier M. D.

(Address) Carthage Mo