

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

1933
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.

6697

1. PLACE OF DEATH
75 County Oregon Registration District No. 636
Township Goble Primary Registration District No. 5844
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 7

2. FULL NAME Beckie 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Carter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 11 1873
7. AGE YEARS 59 MONTHS 6 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1933 to Feb 12 1933
I last saw her alive on Feb 10 1933 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Lobar Pneumonia Date of onset Feb 5-33
108 / 108
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon MO

FATHER
13. NAME R. F. Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown MO

MOTHER
15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) George Carter

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cave Spring DATE 2/13 1933

19. UNDERTAKER (ADDRESS) Wm Harry Copenhagen
along MO

20. FILED 2/23 1933 Ernest Bailey
Registrar.

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 _____, 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) Attillio _____, M. D.
(Address) Alton Mo

