

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 27 1933

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

Do not use this space.

12392

1. PLACE OF DEATH
 10 County Boone Registration District No. 79
 Township Boone Primary Registration District No. 5116
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Carrie M. Doe
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1867

7. AGE YEARS 66 MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 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) London

MOTHER FATHER
 13. NAME Samuel Friend
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.
 15. MAIDEN NAME Sarah Hopkint
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT S. C. Poirer
 (ADDRESS) Sturgeon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloom field DATE Apr 6 1933

19. UNDERTAKER Swiss and Bander
 (ADDRESS) Sturgeon Mo.

20. FILED Apr. 5 1933 E. N. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 23-31, 1933, to April 5, 1933.
 I last saw her alive on April 25, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency of Heart of LA
113
 Other contributory causes of importance: Influenza History

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? No
 If so, specify _____
 (Signed) W. J. Robinson, M. D.
 (Address) Sturgeon Mo.

Date of onset April 5, 1933
Carrie M. Doe
of Boone Co. Mo.

