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.

FEB 25 1935

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

Do not use this space.

1105

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township — Primary Registration District No. 3019 — Registered No. 1
City Independence (No. Indep. Sanitarium St. Ward)

2. FULL NAME Mary Agnes Carter
(a) Residence, No. Gudgel + Hand Rt. 5 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Floyd Carter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30-1910
7. AGE YEARS 24 MONTHS 8 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Kansas City Missouri

FATHER
13. NAME Wm E. Schulenberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

MOTHER
15. MAIDEN NAME Elda Vieth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County Missouri

17. INFORMANT (ADDRESS) Floyd Carter Gudgel + Hand Sts.
18. BURIAL, CREMATION, OR REMOVAL Mount Washington Jan 3 1935
19. UNDERTAKER (ADDRESS) George E. Carson 101 North Pleasant St.
20. FILED 1-4- 1935 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 1- 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec 12-2 1935 to Jany 1- 1935
I last saw her alive on Jany 1 1935 Death is said to have occurred on the date stated above, at Jany 1-35 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

Exopthalmic Goitre 66

Date of onset

Other contributory causes of importance: Autointoxication

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) E. Kissinger, M. D.
(Address) Independence