

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

Do not use this space.

MAR 1 9 1935

4246

1. PLACE OF DEATH

County Atchison Registration District No. 17
 Township Clark Primary Registration District No. 40.11
 City Fairfax, Mo. (No.) St. Ward)

2. FULL NAME

Mrs. Eliza Frances Carter
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo L. Carter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 26-1858</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>3</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House-wife</u>	
	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) <u>Holt Co., Mo.</u>		
FATHER	13. NAME <u>James Walkup</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone, Co., Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Lydia Woodhouse</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C.</u>	
17. INFORMANT <u>Mrs. John Myers</u> (ADDRESS) <u>Mount City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walkup's Grove</u> DATE <u>Feb. 4 1935</u>		
19. UNDERTAKER <u>A. J. Schooler</u> (ADDRESS) <u>Fairfax, Mo.</u>		
20. FILED <u>Feb. 4 1935</u> <u>Walter B. Black</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1935 to Feb 2 1935
 I last saw her alive on Feb 1 1935. Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:
General arteriosclerosis 15 yrs Date of onset
Hypertension unknown
Cerebral hemorrhage Jan 29 1935
 Other contributory causes of importance: 22 C. 1

La Grippe Date of Jan 25 1935
Secondary Anemia - none
 Name of operation none Date of
 What test confirmed diagnosis? none 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) M. A. Mulvania, M. D.
 (Address) Fairfax, Mo

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.

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