

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

Do not use this space.

MAY 24 1935

12446

1. PLACE OF DEATH

County Jackson Registration District No. 288  
 Township Independence Primary Registration District No. 3406472  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nellie Elzadie 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

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>Herman Carter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26, 1908</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>4</u>
		<u>3</u> Days
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>7-2-35</u>	
	11. Total time (years) spent in this occupation <u>8</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Campbell Mo</u>		
FATHER	13. NAME <u>Jim Crawford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Campbell Mo</u>	
MOTHER	15. MAIDEN NAME <u>Lula Malin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Campbell Mo</u>	
17. INFORMANT <u>Herman Carter</u> (ADDRESS) <u>Kenett</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Day Cemetery 4/24</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. ...</u>		
20. FILED <u>May 6, 1935</u> <u>Shuler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-19-1935 to 4-23-1935  
 I last saw her alive on 4-23-1935, 1935 Death is said to have occurred on the date stated above, at 9 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Bilateral lobar pneumonia  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Miscarriage followed by periparturient sepsis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. H. Keim, M. D.  
 (Address) Kenett, Mo

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.

