

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.

JUL 19 1935

19328

1. PLACE OF DEATH

County Daviess Registration District No. 250
 Township Union Primary Registration District No. 4150
 City Callatin (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 754

2. FULL NAME Maude Capitola 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 1 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>Festus Carter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June, 14, 1882</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>0</u>	DAYS <u>0</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>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>
	10. Date deceased last worked at this occupation (month and year) <u>FEB. 1935</u>
	11. Total time (years) spent in this occupation. <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) Winston
 (STATE OR COUNTRY) MISSOURI

13. NAME Charlie Harrison

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT Festus Carter
 (ADDRESS) Callatin, MO.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Centenary Cemetery DATE June 16 1935

19. UNDERTAKER Hope Furn. & Undt. Co.
 (ADDRESS) Callatin, MO.

20. FILED 6-17- 1935 P. H. Gardner
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1935, to June, 1935.
 I last saw her alive on June 12, 1935. Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 3 yr.

Other contributory causes of importance:
Acute Bronchopneumonia 1 yr.

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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) Floyd E. Nelson M.D. 1935
 (Address) Callatin, MO.

