JUL 20 1935

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

Do not use this space.

22584

File No.

Registered No. 38

1. PLACE OF DEATH

County: Dent — Registration District No. 266

Township — Primary Registration District No. 4164

City: Salem (No. , St. Ward)

2. FULL NAME: Mable Estelle ~~Carlton~~ / Carlton

(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 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 4 1916

7. AGE: Years 18 — Months 10 — Days --- — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child

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 COUNTY): Reynolds Co. Mo

FATHER

13. NAME: C H Carlton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Bollinger Co Mo

MOTHER

15. MAIDEN NAME: Emaline Mars

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Reynolds Co Mo

17. INFORMANT (ADDRESS): C H Carlton Steelville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Asher Cem DATE: 7/6/35, 19

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED: 7/6/1935 M. E. Rucker, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4, 1935

22. I HEREBY CERTIFY: That I attended deceased from June 13 1935 to July 4 1935. Last saw her alive on July 2 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Chronic Myocarditis	1933
~~[illegible]~~	

Other contributory causes of importance:

Chronic Nephritis	1934
Chronic Endocarditis	1935

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? No

If so, specify

(Signed) Geo H Hoyt, M. D.

(Address) Salem, Mo.

NOTE: 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.