

25849

County Carter
Township Carter
City _____

Registration District No. 143
Primary Registration District No. 5205

File No.
Registered No.
..... St. Ward

(a) Residence, No. St., Ward.
(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.
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PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 11, 1882*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. or, min.
4	52	10	3	

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

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).....Carter County
(STATE OR COUNTRY).....[REDACTED]

13 NAME Charles Carter

14. BIRTHPLACE (CITY OR TOWN).....Carter County
(STATE OR COUNTRY).....Missouri

15. MAIDEN NAME Mary Roberts

16. BIRTHPLACE (CITY OR TOWN).....Licking
(STATE OR COUNTRY).....Kentucky

17. INFORMANT.....Arthur Carter
(ADDRESS).....Van Buren, Mo.

10. BURIAL CREMATATION OR REMOVAL

PLACE Clinton Mo. DATE Aug. 16, 1935

19. UNDERTAKER W. C. Croy
(ADDRESS) Van Buren Ho

20. FILED 8-15, 1935 J. H. Cotton

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
19 to 19

Last saw h..... alive on..... 19..... Death is said.....

to have occurred on the date stated above, at 3 A.....m.
The principal cause of death and related causes of importance were as follows:

Cont. Expenditure Date of onset

Other contributory causes of hypertension

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 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) William E. Crow, M. D.
(Address) Van Buren, 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.

