

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.

DEC 21 1935

36976

1. PLACE OF DEATH

County Pike

Registration District No. 685

File No. 26

Township

Primary Registration District No. 4409

Registered No. 22

City Clarksville (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ada Redd 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 female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Robert Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. About 40

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

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) Clarksville, Mo.

13. NAME Fielden Redd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Mo.

15. MAIDEN NAME Lezzie Gillum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Mo.

17. INFORMANT Arch Redd (ADDRESS) Clarksville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville DATE 11-28-1935

19. UNDERTAKER J. H. Brown (ADDRESS) Clarksville Mo.

20. FILED Nov 30 1935 H. H. Traubner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 - 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to Nov 24, 1935 last saw him alive on April 1, 1935. Death is said

to have occurred on the date stated above, at 7:15 P.M.

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

Cancer of Breast Date of onset

Other contributory causes of importance:

50

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. G. Beach M. D.

(Address) Clarksville Mo.

