

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

Do not use this space.

MAR 21 1936

5883

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kew Primary Registration District No. 1002
 City Jackson City (No. 1640 Broadway) St. _____ Ward _____

2. FULL NAME Mrs May Carter
 (a) Residence, No. 1640 Broadway 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 6135
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John G Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>3</u>	<u>26</u>	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Leavenworth Kans

FATHER

13. NAME John Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

MOTHER

15. MAIDEN NAME Ellen Teresa Creedon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kerry Ireland

17. INFORMANT (ADDRESS) John G Carter 1640 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Kew DATE Feb 17, 1936

19. UNDERTAKER (ADDRESS) Quinn & Patis Co. 204 Kensington

20. FILED 710 36 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1912 to 1934, to 78, 1936

I last saw him alive on _____ Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:

Primary Circumstances of the Case

Other contributory causes of importance: Secondary Circumstances
Heart and Lung

Name of operation _____ Date of _____
 What test confirmed diagnosis Papay 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) Dr. H. C. Brown M. D.
 (Address) 800 Crystal Bldg. N. P. 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.

