

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

Do not use this space.

OCT 23 1936

37197

1. PLACE OF DEATH

County Dade Registration District No. 229
Township Lockwood Primary Registration District No. 14-5
City Lockwood (No. 14-5) St. Mo. Ward 1

File No. 37197

Registered No. _____

2. FULL NAME Hattie Ellen 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1936 to Oct. 4, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8th, 1870

I last saw her alive on Oct. 4, 1936. Death is said

7. AGE 66 YEARS MONTHS 8 DAYS If LESS than 1 day, hrs. or min. 27

to have occurred on the date stated above, at 8:15 A.M.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house keeper for daughter, Laura Blankenship Lockwood, Mo.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lockwood, Mo.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset _____

Pyemia, streptococcus infection!

Other contributory causes of importance: 115

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Grove Mo.

Name of operation _____ Date of _____

FATHER 13. NAME Ed Brozee

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

What test confirmed diagnosis? _____ Was there an autopsy? NO

MOTHER 15. MAIDEN NAME Mary Lowery

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO 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.

17. INFORMANT Mrs Laura Blankenship
(ADDRESS) Lockwood, Mo.

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Near Willard Mo. DATE Oct. 7, 1936
St. Pleasant Cemetery

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

19. UNDERTAKER E. Ray Caldwell
(ADDRESS) Lockwood, Mo.

(Signed) T. D. Combs, M. D.

20. FILED 10-19-36 J. L. Wren
Registrar.

(Address) Lockwood Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. Clean state location of primary infection:
Throat?

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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Wade

Registration District No. 238

File No.

Township

Primary Registration District No. 4145

Registered No.

City Loonwood (No.)

St. Ward)

2. FULL NAME

Hattie Ellen 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

7

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66

8

27

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

, 19

19. UNDERTAKER (ADDRESS)

20. FILED

3-10

1927

J. G. Whelan

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Pyemia

Streptococcus infection

nose + throat

Other contributory causes of importance:

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. H. Combs M. D.

(Address) Loonwood Mo

SUBSTITUTE

11501

CAUSE OF DEATH IN plain terms, so that it may be properly classified.

S-37194