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.

DEC 4 1936

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

Do not use this space.

1. PLACE OF DEATH
County Shannon — Registration District No. 824 — File No. 40069
Township Buckeye — Primary Registration District No. ~~6075~~ 6078 — Registered No.
City (No. , St. Ward)

2. FULL NAME Carmen Counts
(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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr -1- 1913

7. AGE YEARS 23 MONTHS 6 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Shannon County

FATHER
13. NAME Wm Dickson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co

MOTHER
15. MAIDEN NAME Rosa Newton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co

17. INFORMANT (ADDRESS) ~~Telephone~~ Bill Dixon

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Pentecost Church DATE Oct 31, 1936

19. UNDERTAKER (ADDRESS) Cray Funeral Service Van Buren Mo

20. FILED 10-31-, 1936 Frank Hyde Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29-, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h 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:
Gun Shot. — Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Inquest

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 10-29-, 1936
Where did injury occur? at home Shannon Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. House
Manner of injury Gun Shot
Nature of injury Penetrating wound

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Eminence Mo