

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

Do not use this space.

42021

1. PLACE OF DEATH ¹⁹³⁶
 County Newton Registration District No. 609
 Township _____ Primary Registration District No. 4363
 City Neesho (No. 506 S Hamilton) St. _____ Ward _____
 Registered No. 126

2. FULL NAME Annis Carter
 (a) Residence, No. 506 S Hamilton 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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 18, 1857</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>1</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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) <u>Pleasant Hill Missouri</u>		
MOTHER FATHER	13. NAME <u>James Carter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tenn</u>	
	15. MAIDEN NAME <u>Nannie Wood</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pleasant Hill Missouri</u>	
17. INFORMANT <u>Mellie M. Cowan</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Best of Missouri</u> DATE <u>11-11</u> 19 <u>36</u>		
19. UNDERTAKER <u>Calvin Thompson</u> (ADDRESS) <u>Neesho Mo</u>		
20. FILED <u>11-12</u> 19 <u>36</u> <u>Oral</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 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 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Natural Causes -
Probable Organic
Heart Attack
 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 cause (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) Ashley Beaman Coroner
 (Address) Neesho 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.

