

DEC 30 1936

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

Do not use this space.

43438

1. PLACE OF DEATH

County ScottlandRegistration District No. 810

Township

Primary Registration District No. 4498City Memphis

File No.

Registered No. 62

St. Ward

2. FULL NAME

Malissa Jane Carter(a) Residence, No. 118 Walking St. East Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. 11 ds. 20 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Carter6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8 - 18617. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 11 208. 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) Scottland Co Mo13. NAME Phulanes Parmer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Charles Mc Purvis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Claude Carter
Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memphis DATE Nov 30 193619. UNDERTAKER (ADDRESS) W. H. H. Baker
Memphis Mo20. FILED DEC 2 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 193622. I HEREBY CERTIFY, That I attended deceased from May 1 1936, to Nov 28 1936I last saw her alive on Nov 27 1936. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

High Blood Pressure
Palsy

Name of operation

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

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) James A. Mitchell, M. D.(Address) Memphis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

