

FEB 16 1937

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

Do not use this space.

606

1. PLACE OF DEATH

County Clatsop
Township Washington
City Myacunda, Ind

Registration District No. 194
Primary Registration District No. 417

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Hattie Carothers
(Usual place of abode) Myacunda, Mo. St. _____ Ward _____

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 - 1937

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 1937, to Jan 19 - 1937

I last saw her alive on Jan 19, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-2-1852

to have occurred on the date stated above, at 12 m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 0 17

Influenza -

Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nauvoo, Ill

13. NAME Avery Carothers

Name of operation None Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

What test confirmed diagnosis? Clinical Was there an autopsy? No.

15. MAIDEN NAME Don't know

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

Accident, suicide, or homicide? None Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Louise Hooker (ADDRESS) Myacunda, Mo.

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Myacunda DATE Jan 20 1937

19. UNDERTAKER Gerth Bookert (ADDRESS) Myacunda, Mo.

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

If so, specify _____

(Signed) Don Pierson M. D.

20. FILED 1-20 1937 Bessie Blatter Registrar.

(Address) Myacunda Mo.

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

