

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

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FEB 7 1937

2089

1. PLACE OF DEATH

County Missouri Registration District No. 502 File No. _____
 Township _____ Primary Registration District No. 4305 Registered No. 3
 City Marceline (No. 1) St. Louis Memorial Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Salmadge Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 6 1869

7. AGE YEARS 67 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Duckles (STATE OR COUNTRY) mo

FATHER 13. NAME Luther Carter

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

MOTHER 15. MAIDEN NAME Frances Switzer

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

17. INFORMANT (ADDRESS) Mrs Chelsea Burch Marceline mo

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Olivet DATE Jan 15 1937

19. UNDERTAKER (ADDRESS) Geo M Fairglen Marceline mo

20. FILED 1/15 1937 Clara Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1937

I HEREBY CERTIFY, That I attended deceased from Jan 9 1937, to Jan 13 1937

I last saw her alive on Jan 12 1937. Death is said to have occurred on the date stated above, at 11:15 PM.

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

Bronchial Pneumonia Date of onset 4/12/37
 Other contributory causes of importance:
Chr. nephritis
Chr. lesion myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clia Was there an autopsy? no

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? no
 If so, specify _____

(Signed) M L Dickraeger M. D.
 (Address) City Marceline 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.

