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

Do not use this space.

FEB 29 1937

1. PLACE OF DEATH
County Randolph — Registration District No. 731 — File No. 2688
Township Clifton — Primary Registration District No. 5965 — Registered No. 1
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary S. Carter
(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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1863

7. AGE — YEARS: 73 — MONTHS: 3 — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. 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) Chariton Co

FATHER
13. NAME Frank Drinkard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co

MOTHER
15. MAIDEN NAME Mary S ~~Drinkard~~ Roy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co

17. INFORMANT (ADDRESS) Mrs L. Magnet Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Prairie Hill DATE Jan 7 1937

19. UNDERTAKER (ADDRESS) Tom B Patton Huntsville Mo

20. FILED 2/5 1937 J Bradshaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1936, to Jan 3, 1937
I last saw her alive on Jan 3, 1937. Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

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 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? .....
If so, specify .....
(Signed) W. E. Alexander, M. D.
(Address) Clifton Hill 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.

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