

FEB 24 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County Shelby  
 Township Black-neck  
 City Shelbyville Mo (No. 1)

 Registration District No. 831  
 Primary Registration District No. 4504

 File No. 4611  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward)

## 2. FULL NAME

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

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. (If nonresident, give city or town and State)

Martina E. Carmichael

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Carmichael</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-6-1852</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>10</u>	DAYS <u>19</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1937, to Jan 25, 1937.  
 I last saw her alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 4:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 1-22-37

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</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

 Other contributory causes of importance:  
Arterio Sclerosis with hyper-tension
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby co.13. NAME Abel Turner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Mary Ellen Wilson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.17. INFORMANT Mrs Leticia Tingle18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Cemetery DATE 1, 193719. UNDERTAKER Million Barber(ADDRESS) Shelbyville Mo.20. FILED Jan 26, 1937 Pearl Goe Registrar.Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? None 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\_\_\_\_

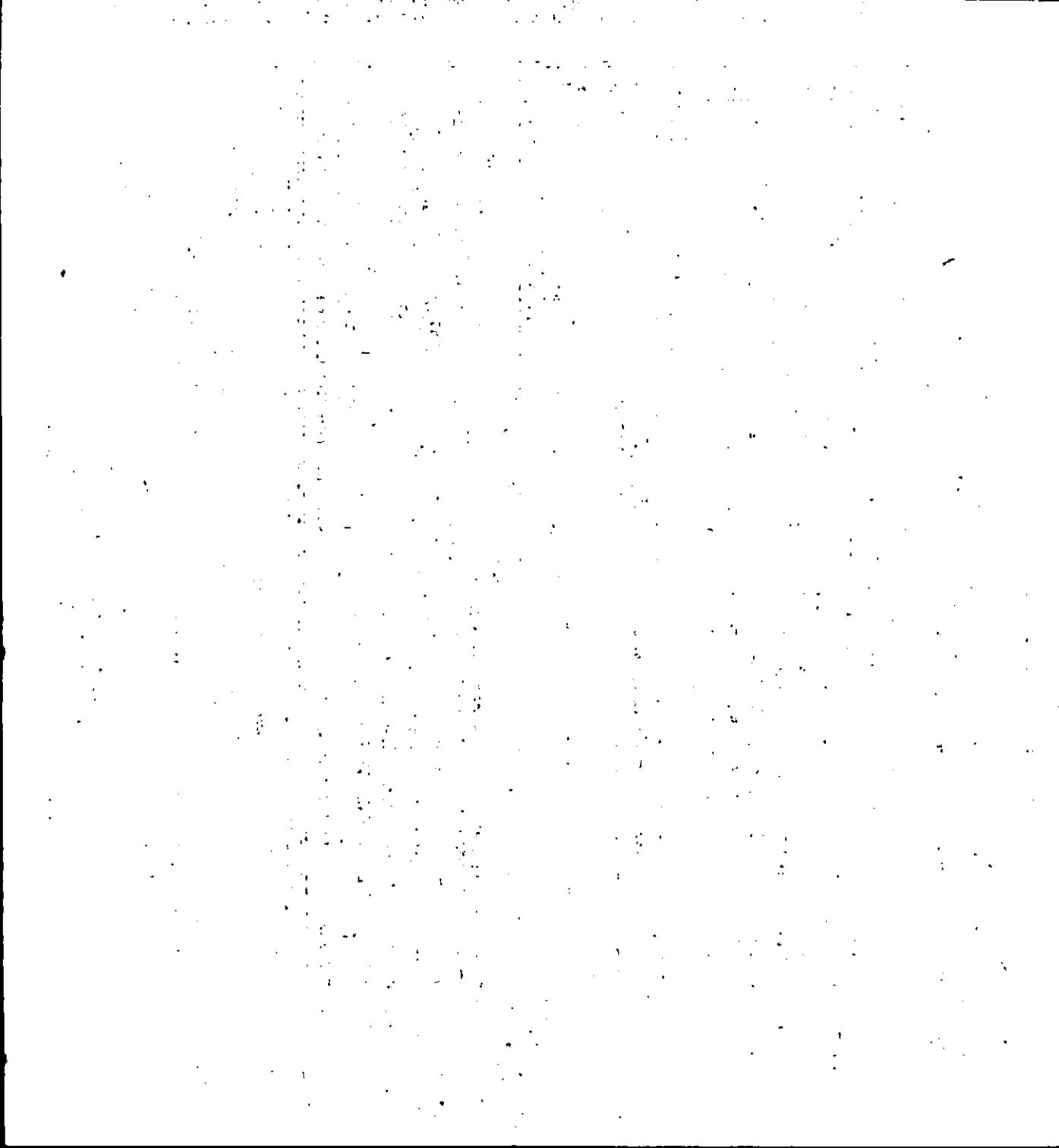
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_
 (Signed) P. C. Archer M. D.  
 (Address) Shelbyville 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.



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**1. PLACE OF DEATH**

County Shelby

Registration District No. 831

File No. 4611

Township \_\_\_\_\_

Primary Registration District No. 4504

Registered No. \_\_\_\_\_

City Shelbyville (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Martha E. Carmichael

(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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

F

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

wid

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 1-28-1937

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

**22. I HEREBY CERTIFY, That I attended deceased from**

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

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

84

10

19

19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

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

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

Date of onset

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.**

**10. Date deceased last worked at this occupation (month and year)**

**11. Total time (years) spent in this occupation**

SUPPLEMENT

Other contributory causes of importance:

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**13. NAME**

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**15. MAIDEN NAME**

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

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Bethany Cem. Shelby Co. Mo. DATE Jan 27 1937

**19. UNDERTAKER (ADDRESS)**

**20. FILED** Jan 26 1937 Pearl Goe Registrar

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) P. C. Archer, M. D.

(Address) Shelbyville Mo.

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

4611