MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Dallas — Registration District No. 245 — File No. 5669
Township Lincoln — Primary Registration District No. 5339 — Registered No. 1
City Urbana (No. ..., ... St. ... Ward)

2. FULL NAME Emmie Carter

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1902

7. AGE — YEARS 34 — MONTHS 9 — DAYS 2 — 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) Mo.

FATHER
13. NAME Henry Monroe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Liddy Stevens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Bob Carter Urbana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Howard Chapel DATE 2-23 1937

19. UNDERTAKER (ADDRESS) L. B. Jones Buffalo Mo.

20. FILED March 8 1937 Alice Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/16 1937, to 2/22 1937
I last saw her alive on 2/22 1937. Death is said to have occurred on the date stated above, at 4 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Insemoona	6 day
11a	
Other contributory causes of importance:	
Influenza	2/10/37

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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?
If so, specify
(Signed) L. A. Glasco, M. D.
(Address) Urbana 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.