SEP 15 1937

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

Do not use this space.

File No. 30048

Registered No. 54

1. PLACE OF DEATH
County: Bates
Township:
City: Butler (No. ..... St. ..... Ward)
Registration District No. 50
Primary Registration District No. 3004

2. FULL NAME: Wilma Irene Carlett

(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: Ralph Carlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 9, 1901

7. AGE: 35

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundry
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): Iowa

FATHER
13. NAME: Fred Eubank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Bertha Terry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Ralph Carlett Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill DATE: Aug 1 1937

19. UNDERTAKER (ADDRESS): Cullum Butler Mo.

20. FILED: Aug 1 1937 Nina L Cullum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21 1937 to July 31 1937
I last saw her alive on July 31 1937 Death is said to have occurred on the date stated above, at 3.4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemolytic Streptococcic Septicemia	
Bilateral Bronchopneumonia	
Other contributory causes of importance: NMO	
Cellulitis upper lip & face	

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) Carter M Luter, M. D.
(Address) Butler, 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.