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.

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Callaway — Registration District No.: 104 — File No.: 33825

Township: — Primary Registration District No.: 3008 — Registered No.: 217

City: Fulton (No. ..... St. ..... Ward)

2. FULL NAME: Mrs. Mary Carter

(a) Residence, No. Moberly, Missouri 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. 6 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): Married ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 19K

7. AGE: Years About 68 — Months 19K — Days — 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): D. K.

FATHER

13. NAME: D. K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

MOTHER

15. MAIDEN NAME: D. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

17. INFORMANT (ADDRESS): Records of Tumor Clinic

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moberly Mo. DATE Sept 15 1937

19. UNDERTAKER (ADDRESS) Wilson & Wilson Moberly Mo.

20. FILED Sept 13, 1937 R. N. Crouse Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1937, to Sept. 13, 1937

I last saw her alive on Sept. 12, 1937. Death is said to have occurred on the date stated above, at 2:45 A. M.

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

	Date of onset
Chronic Nephritis	D. K.

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Other contributory causes of importance:

Secondary Anemia	D. K.
Arteriosclerosis	D. K.
Chronic Myocarditis	D. K.

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

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) T. S. Lapp, M. D.

(Address) T. S. Lapp Fulton, Mo.