

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township
City Springfield, Mo.

Registration District No. 318
Primary Registration District No. 2001
(No. Burg Hospital)

File No. 37650
Registered No. 960
St. _____ Ward _____

2. FULL NAME Martha Lee Carter

(a) Residence, No. Seymour, Mo. St. _____ Ward _____
(Usual place of abode)

Seymour Mo
(If non-resident, 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 <u>Female</u>	4. COLOR OR RACE <u>wn.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 11, 1937</u>		
7. AGE	YEARS	MONTHS
<u>✓</u>	<u>0</u>	<u>1</u>
		DAYS
		<u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</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 _____	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1937, to 10-3-, 1937

I last saw h^e alive on 10-3-, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:
Typhoid
Ac hydremia intoxication
Prematurity

Date of onset

Other contributory causes of importance: 11A 12

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 20

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seymour Mo</u>
	13. NAME <u>C. J. Carter Jr.</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seymour, Mo.</u>
	15. MAIDEN NAME <u>Agatha Mae Robinson</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Van Buren, Mo.</u>
	17. INFORMANT <u>C. J. Carter Jr.</u> (ADDRESS) <u>Seymour Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seymour, Mo.</u> DATE <u>Oct 4</u> , 19 <u>37</u>	
19. UNDERTAKER (ADDRESS) <u>Kelley Seymour, Mo.</u>	
20. FILED <u>Oct 4</u> , 19 <u>37</u> <u>Chas. L. George</u> Registrar	

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) Arthur B. Smith, M. D.
(Address) Springfield, Mo.

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

