

DEC 20 1937

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

Do not use this space.

40113

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Blue Primary Registration District No. _____
City Reeds Station, Kawasack Co. Mo. Reeds Hospital St. _____ Ward _____

File No. _____
Registered No. 4527
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Carter, Irene St. _____ Ward _____
(Usual place of abode) Ketyesville, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. 18 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 Carter, Charles.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 yrs. 3 months 15 days

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. Home
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury, Mo.

FATHER 13. NAME Powell, E. R.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pyrumville Missouri

MOTHER 15. MAIDEN NAME Rafferty, Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury Missouri

17. INFORMANT (ADDRESS) Kansas City Municipal Tufenda

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury Mo. DATE Nov 6 1937

19. UNDERTAKER (ADDRESS) Geo. W. Winkelman

20. FILED Nov. 4 1937 M. V. H. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1937, to NOV. 4th, 1937.

I last saw her alive on NOV. 4th, 1937. Death is said to have occurred on the date stated above, at 1:55 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tbc
Heart failure
34
Other contributory causes of importance:
Enlarged thyroid
knob

Name of operation thoracoplasty Date of operation 10/19/37
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 (Cause) NO
(Address) Reeds Station, 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.

