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

REC'D APR 15 1938

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Do not use this space.

File No. 11009

Registered No. 48

1. PLACE OF DEATH

County Jackson — Registration District No. 400

Township Prairie — Primary Registration District No. 55530

City ..... (No. Co. Home ..... St. ..... Ward)

2. FULL NAME Essie Carter 636

(a) Residence, No. Jackson County Home St. ..... Ward. .....
(Usual place of abode) (If nonresident, 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

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: unk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-24-1879

7. AGE: Years 58 — Months 5 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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 unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del. 1

FATHER

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ernest Jackson Co. County Home

18. BURIAL, CREMATION, OR REMOVAL Kansas City Crem. DATE Feb. 5 1938

19. UNDERTAKER (ADDRESS) Kelly Funeral Home

20. FILED Feb 12 1938 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938, to 2-2 1938

I last saw h. alive on 2-1 1938 Death is said to have occurred on the date stated above, at 1 a. m.

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

aortic regurgitation — Date of onset

Other contributory causes of importance: 9 2 1

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical 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? no

If so, specify .....

(Signed) J. N. Greene, M. D.

(Address) Independence Mo 362

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2 50M-10-22-36 I X9314