REC'D SEP 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs Mo. (No. ..... St. ..... Ward)

Registration District No. 198
Primary Registration District No. 3011

File No. 28644
Registered No. 121

2. FULL NAME Amanda Jane Carter 636
(a) Residence, No. 521 E. Broadway St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1861
7. AGE YEARS 77 MONTHS 2 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Na Comas Ill.

FATHER
13. NAME Elias Allbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

MOTHER
15. MAIDEN NAME Delaney Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

17. INFORMANT (ADDRESS) Mrs Frowman Excelsior Springs
18. BURIAL, CREMATION, OR REMOVAL PLACE Carter Cemetery East Holt Mo. DATE Aug 28 1938
19. UNDERTAKER (ADDRESS) Herbert Hope Excelsior Springs Mo.
20. FILED Aug 27 1938 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to Aug 25, 1938
I last saw her alive on Aug 24th, 1938. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gall Stones of long standing	
1170	

Other contributory causes of importance: Ulcers Stench
El Vomito

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) C. P. Bartley, M. D.
(Address) Excelsior Springs Mo.

ECEIVED
istrict Health Officer No. 8,
istrict File Number
ate Filed 9/13/38