

Do not use this space.

REC'D FEB 23 1939

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

File No. 3291  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
73 County Newton  
Township Franklin  
City Fairview (No. \_\_\_\_\_)

Registration District No. 608  
Primary Registration District No. 5809

2. FULL NAME Mary C. Carter

(a) Residence, No. \_\_\_\_\_ 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 W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 1861  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
77 3 6

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

FATHER  
13. NAME Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER  
15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Paul Carter  
(ADDRESS) Fairview Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Clark Cem. DATE May 15 th 1938

19. UNDERTAKER Pogue Funeral Service  
(ADDRESS) Wheaton, Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar. 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8 1938 to \_\_\_\_\_, 19\_\_\_\_  
I last saw her alive on May 8 1938 Death is said to have occurred on the date stated above, at 8 P.m.  
The principal cause of death and related causes of importance were as follows:

hemorrhage from lungs Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Believed she had had pneumonia some few days before on set of illness

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Les D. Freeman, M. D.

(Address) Purdy, 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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3291  
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 608  
(b) Township Franklin Primary Registration District No. 5807 Registered No. 7  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Mary C. Carter  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1861  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 3 6

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10-1938  
22. I HEREBY CERTIFY, That I attended deceased from 5-8-1938 to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. alive on May 8, 1938 Death is said to have occurred on the date stated above, at 8 p. m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

Hemorrhage from lung Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME Jones  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Paul Carter  
Fairview no

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Cem DATE May 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) Proague funeral  
Wheaton no

20. FILED 9-17 39 Ada Collins  
Local Registrar

She was the most sane had pneumonia a few days before onset of hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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? \_\_\_\_\_  
Specify \_\_\_\_\_  
(Signed) Leo D. Freeman D.  
(Address) Purdy no

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
Every other 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.

