

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

Do not use this space.

25437

FILED AUG 10 1943

1. PLACE OF DEATH

County MARIES Registration District No. 207
Township Jefferson Primary Registration District No. 4319
City Belle (No. _____) St. _____ Ward _____

File No. _____
Registered No. 141

2. FULL NAME

Carol Sue 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/24/43
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. ... min. 2 + +

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) Belle Mo

13. NAME Austin Earl Carter

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

15. MAIDEN NAME Mattie Phee Saunders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nel Rio Tenn.

17. INFORMANT M. A. E. Carter (ADDRESS) Blount Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 7/25 1943

19. UNDERTAKER Sessmer's Funeral Serv. (ADDRESS) Blount Mo.

20. FILED 7/27 19 43 Erma Barrett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1943

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1943, to July 24, 1943
I last saw her alive on July 24, 1943. Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:

Premature Birth Date of onset 7/24/43

Other contributory causes of importance: 159

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? No
(Signed) Dr. R. H. Schomburg
(Address) Belle, Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. NO. 2
20M-F-1036
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Not Canceled