

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

Do not use this space.

19236

1. PLACE OF DEATH

County De Witt Registration District No. 14
Township Windsor Primary Registration District No. 4211
City Windsor, Mo. (No. _____) St. _____ (Ward) _____

File No. _____
Registered No. 26
St. _____ (Ward) _____

2. FULL NAME

Dora Virginia Carter
(a) Residence. No. 306 E. Jefferson 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, WIDOWER OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed of T.G. Carter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-29-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 4 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) MO

10. NAME OF FATHER Henry Hooper

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Mary Mammie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Virginia

14. INFORMANT Geo H Carter
(Address) Windsor, Mo.

15. FILED Jan 29 1930 REGISTRAR J. Jennings

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1930 to Jan 26 1930 that I last saw him alive on Jan 26 1930 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombophlebitis Right side of brain
C.R.

CONTRIBUTOR (SECONDARY) Arterio-sclerosis (duration) 17 yrs. mos. ds.

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) T.J. Jennings M. D.

(Address) Windsor, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor, Mo DATE OF BURIAL June 29 1930

23. UNDERTAKER Carter Furniture & Undertaker ADDRESS Windsor, 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.

