

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.

NOV 28 1936

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

Do not use this space.

37467

1. PLACE OF DEATH

County Henry Registration District No. 44
Township Windsor Primary Registration District No. 4411
City Windsor (No. , St. Ward)

File No. 30Registered No. 302. FULL NAME Mrs. Louella Price 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. P. Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 24

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

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) Johnson County
(STATE OR COUNTRY) Missouri

13. NAME W. J. Douglas

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

15. MAIDEN NAME Betty Sims

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

17. INFORMANT Mrs. R. O. Sutherland
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE Oct. 25, 1936

19. UNDERTAKER Huston Turner
(ADDRESS) Windsor, Missouri

20. FILED Oct. 24, 1936 Roy B. Jennings (Address) Windsor, Mo
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936 to Oct 22, 1936

I last saw her alive on Oct 22, 1936 Death is said to have occurred on the date stated above, at 6:30 P. M.

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

Carcinoma of shell bladder?

Other contributory causes of importance:

shell stones

Name of operation Removal of Bladder Date of 9/26/36

What test confirmed diagnosis? Microscope 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? noIf so, specify (Signed) Roy B. Jennings, M. D.(Address) Windsor, Mo

