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

Do not use this space.

35670

1. PLACE OF DEATH

County..... Registration District No. 76 File No.....

Township..... Primary Registration District No. 1005 Registered No. 10788

City..... (No. ....., ... St. ..... Ward)

2. FULL NAME Hattie Carter

(a) Residence. No. 2017 Eugenia St., N 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 negro | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

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

7. AGE about 75 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozla

PARENTS

10. NAME OF FATHER Ben Buster.

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

12. MAIDEN NAME OF MOTHER Edna Reece

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

14. INFORMANT Fay Glenn
(Address) 2017 Eugenia

15. FILED NOV - 3 1928 19.. Max C. Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1928, to ....., 19.. that I last saw her alive on Oct 31, 1928, and that death occurred, on the date stated above, at 11.30 A m.

82A THE CAUSE OF DEATH* WAS AS FOLLOWS:
82B
97 Cerebral Embolism (Apoplexy)
..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
..... (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Vincent J. Mueller, M. D
XI-2, 1928 (Address) 2335 Franklin

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood Cem. | DATE OF BURIAL 11/31 1928

20. UNDERTAKER J. W. Hughes | ADDRESS 2620 Lauter

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.