

FEB 27 1934

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

Do not use this space.

1534

1. PLACE OF DEATH

County Jackson  
Township Prairie  
City Little Blue

Registration District No. 400  
Primary Registration District No. 5553B

File No. 119  
Registered No. 16 (Ward)

2. FULL NAME

Jessie 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
Oct. 57

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 108 1/2 / Pneumonia  
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) Kentucky

MOTHER 13. NAME Dartknow

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

15. MAIDEN NAME Dartknow

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

17. INFORMANT County Home Records  
(ADDRESS) Little Blue Mo

18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE 2-1-34

19. UNDERTAKER Fligny + Greenstreet  
(ADDRESS)

20. FILED Jan 31 34 William T. Fields  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-1934 to Jan 27-1934

I last saw him alive on Jan 27-1934. Death is said to have occurred on the date stated above, at 1:40 a.m.

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

108 1/2 / Pneumonia  
Other contributory causes of importance:  
0 - IIIID

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_  
Where did injury occur? no (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) L. W. Booker, M. D.  
(Address) 2028 2nd

#S A Del q e r B D

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

1534

16

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Josie Carter  
Who died at Jackson Co Home on Jan 27 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race B Single, ~~married~~, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: <sup>all</sup> Years 57 Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year 108

Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) Lobac  
Principal cause of death: Hypostatic pneumonia  
Terminal infection in general debility.

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician Dr. L. W. Booker  
Address of physician 2028 VINE ST.  
Signature of Registrar William J. Fields

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 400  
Primary Reg. Dist. No. 5553<sup>B</sup>  
Very truly yours,  
E. T. McLaugh M.D.  
Special Agent. Y.C.

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

1958

OFFICE OF THE ASSISTANT ATTORNEY GENERAL

WASHINGTON, D. C.

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