

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

Do not use this space.

11868

MAY 25 1934

1. PLACE OF DEATH

County Butler
Township Wm. Chas. W.
City Butler (No. _____)

Registration District No. 50
Primary Registration District No. 3004

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

Kedelyn Carter

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 11 24

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) Kansas

13. NAME Ness Carter

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

15. MAIDEN NAME Clara Peyton

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

17. INFORMANT Mrs. Frank Crouch (ADDRESS) Butler, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paula Kas DATE April 3, 1934

19. UNDERTAKER Lawrence (ADDRESS) Butler, Mo.

20. FILED April 7, 1934 Mrs. C. E. Oulov, Dep't Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933, 19____, to April 1, 34, 19____.

I last saw her alive on Mar. 31, 34, 19____. Death is said to have occurred on the date stated above, at 3 P. m.

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

Pthisis

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? INSP. 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? _____

If so, specify NO

(Signed) C. M. Rice, M. D.

(Address) Butler, 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.

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