MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Bates
Township: Walnut
City: (No. ..... St. ..... Ward)
Registration District No.: 56
Primary Registration District No.: 5607
File No.: 15644
Registered No.:

2. FULL NAME: CARRIE EDITH COURETON
(a) Residence, No.: RFD HUME MO 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: F.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. L. COURETON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APRIL-10-1882
7. AGE: YEARS 55 MONTHS 0 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Bates Co Mo.

FATHER
13. NAME: Levi Gritton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Nancy Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): A L Couretou Hume Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: WOODZIN DATE: APRIL 14 1937
19. UNDERTAKER (ADDRESS): BODTNS RICH HILL MO.
20. FILED: 4/15 1937 Mrs. C. B. Wickers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): APRIL-10-1937
22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937, to Apr 11, 1937
I last saw her alive on Apr 11th, 1937. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Apr 11-37
Other contributory causes of importance:	
Arteriosclerosis	1936

Name of operation: Clinical Date of:
What test confirmed diagnosis? 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? no
If so, specify
(Signed) Wm H Allen Jr., M. D.
(Address) Hume

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.