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.

LEGD MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence — Registration District No. 470 — File No. 15353

Township Turnback — Primary Registration District No. 5-640 — Registered No. 58

City ~~Halltown Mo~~ (No. ..... St. ..... Ward)

2. FULL NAME Tennie Carter

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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: Philip P. Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 13, 1866

7. AGE: YEARS 73 — MONTHS 2 — DAYS 3 — 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): Dade County Missouri

FATHER

13. NAME: John W. Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn Miss

MOTHER

15. MAIDEN NAME: Malinda Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): C. P. Carter, Halltown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Prairie DATE April 18, 1939

19. UNDERTAKER (ADDRESS): A. S. Wallace, Billings, Mo.

20. FILED April 19, 1939 P. A. Holmes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Died before I arrived, 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.30 P.m.

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

Probably coronary thrombosis — Date of onset

94 b

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) S. M. Clark, M. D.

(Address) ~~Hood~~ Halltown, Mo

RECEIVED
District Health Officer No. 6,
District File Number 6-5-39-991
Date Filed MAY 10 1939