

REC'D SEP 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Gilkey  
Township Fishing River  
City Edwards Springs Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 198  
Primary Registration District No. 3011

File No. 28644  
Registered No. 121

2. FULL NAME

Amada Jean Carter  
(a) Residence, No. 821 E. Broadway St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to Aug 25, 1938  
I last saw h. alive on Aug 24th, 1938 Death is said to have occurred on the date stated above, at 3 a. m.

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

Gold Stems of lung  
sturdy  
11/7/38

Other contributory causes of importance:

Ulcers Stomach  
31 Nov 38

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?   
If so, specify \_\_\_\_\_  
(Signed) C. P. Bentley, M. D.

(Address) Edwards Springs Mo

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 2 29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Ma. Comas Ill.

13. NAME Clas Albert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Penn.

15. MAIDEN NAME Delaney Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

17. INFORMANT Mrs. Brown (ADDRESS) Edwards Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Carter Cemetery Holt Mo. DATE Aug 28, 1938

19. UNDERTAKER Herbert Hope (ADDRESS) Edwards Springs Mo.

20. FILED Aug 27, 1938 Loraine M. Cracker Registrar.

RECEIVED

District Health Officer No. 8,

District File Number

9/13/58

Date Filed