

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.

*200 Members*

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

Do not use this space.

**28625**

**8158**

**1. PLACE OF DEATH**

County.....

Registration District No.....

**791**

Township.....

Primary Registration District No.....

**1003**

City *St. Louis* (No. *1401* No. *11th St*)

File No.....

Registered No.....

St. .... Ward)

**2. FULL NAME**

(a) Residence No. *1401 No 11th* St., *25* Ward.

(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**

SEX

*Male*

4. COLOR OR RACE

*Colored*

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

*married*

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

*Lily Carpenter*

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

*Unknown*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*abt 39*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Laborer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Mississippi*

10. NAME OF FATHER

*Byrlus Carpenter*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Miss*

12. MAIDEN NAME OF MOTHER

*Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Unknown*

14.

INFORMANT

(Address)

*Lily Carpenter  
1401 No 11th St*

15.

FILED

*SEP 14 1927 May C. Stankin*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 10 1927*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 7 1927* to *Sept 10 1927*, and that I last saw him alive on *Sept 10 1927*, at *7:30 p.m.*, and that death occurred, on the date stated above, at *7:30 p.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Mitral Regurgitation*  
*RA 900*

CONTRIBUTORY (SECONDARY) *Not known*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Auscultation*

(Signed) *J. U. Floevers* M. D.

, 19 *27* (Address) *1711 N. 10th St.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Washington Park 9/14 1927*

20. UNDERTAKER

ADDRESS

*C. W. Roberts Lucas*

