

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

Do not use this space.

4680

**1. PLACE OF DEATH**

County Sturdy  
Township Trenton  
City Trenton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 330  
Primary Registration District No. 3017

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME George Dennis Carpenter**

(a) Residence No. E. 17<sup>th</sup> 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 Male 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 Joe Ann Carpenter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1 - 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>4</u>	<u>25</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Louisville Ky.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Christian B. Carpenter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrodsburg Ky.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth P.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrodsburg Ky.  
(STATE OR COUNTRY)

14. INFORMANT Joe Ann Carpenter  
(Address) E. 17<sup>th</sup> Trenton Mo

15. FILED Nov 3 1928 E. A. Hluff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1928

I HEREBY CERTIFY, That I attended deceased from Feb 25 1928, to Feb 25 1928 that I last saw him alive on Feb 25 1928, and that death occurred, on the date stated above, at 10: A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Angina Pectoris  
9HA (duration) yrs. mos. ds. 2 hrs.

CONTRIBUTORY (SECONDARY) 80 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical ex only  
Ch. Hluff (Signed) \_\_\_\_\_, M. D.

Feb 26 1928 (Address) Trenton Mo

\*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 Masonic Cem DATE OF BURIAL Feb 27 1928

20. UNDERTAKER Signa Team Co ADDRESS Trenton Mo

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.

