

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

Do not use this space.

29748

1. PLACE OF DEATH

County Richman

Registration District No. 85
1001

File No.

Township St. Joseph

Primary Registration District No. St. Joseph 2

Registered No. 1055

City St. Joseph

(No. St. Joseph 2)

St. Ward)

2. FULL NAME

Hedys Carpenter

(a) Residence No. St. Ward. Maysville Mo
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 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 Orville Carpenter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12, 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 | 11 | 23

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

9. BIRTHPLACE (CITY OR TOWN) Maysville
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm Redman

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

12. MAIDEN NAME OF MOTHER Bessie Whitchurch

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

14. DECEASED Orville Carpenter
(Address) Maysville Mo

15. FILED 6 1928
REGISTRAR John G. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 5th 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 2nd, 1928, to Sept 5th, 1928, that I last saw her alive on Sept 5th, 1928, and that death occurred, on the date stated above, at 4:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Urinary Exhaustion

CONTRIBUTOR (SECONDARY) Susant
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS. Clinical
(Signed) COD Swer, M. D.

*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 Maysville Mo DATE OF BURIAL 9/7 1928

20. UNDERTAKER JL ... ADDRESS 216 ...

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.

PERMANENT RECORD

