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

Do not use this space.

34303

File No. .....

Registered No. 22

1. PLACE OF DEATH

County New Madrid — Registration District No. 1133

Township West — Primary Registration District No. 4587

City Canalou Mo (No. ....., ... St. ..... Ward)

2. FULL NAME Nancy Louisa Carpenter

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

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Carpenter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8-1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	5	22	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER John Hinton

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

12. MAIDEN NAME OF MOTHER Bertha Paine

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

14. INFORMANT Johnny Hitt
(Address) Sikeston, Mo.

15. FILED Nov 10/ 1928 Llewellyn Daugherty REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 5 1928, to Oct 31 1928, that I last saw h. alive on Oct 31, 1928, and that death occurred, on the date stated above, at 9 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis

25 R 1 2 96

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Heart

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. E. Brunell, M.D.

Oct 31 / 1928 (Address) Canalou 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 Carpenter Cemetery — DATE OF BURIAL Nov 1 1928

20. UNDERTAKER John Albritton — ADDRESS Sikeston Mo

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.