JAN 3 3 1929

Do not use this space.

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

40474

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township Blue — Primary Registration District No. 5554 — Registered No. 432

City Independence (No. ..... St. ..... Ward)

2. FULL NAME William Jewell Carpenter

(a) Residence. No. R F D #4 Box 97 St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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~~) Hannah Carpenter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 30 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	11	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(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) Clay County Mo.

PARENTS

10. NAME OF FATHER: Walter Carpenter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER: Frances Currey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Iowa

14. INFORMANT: W. Carl Carpenter (Address) R F D #4 Box 97

15. FILED 12/14/1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1928, to Nov. 27, 1928 that I last saw him alive on Nov. 27, 1928 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Frontal Brain
Tumor
[illegible]
(duration) ..... yrs. 10 mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 21-1928
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. Cannelly Anderson, M. D
Dec. 13, 1928 (Address) 6520 Indep. Ave.

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Wood Lawn Cem — DATE OF BURIAL: Dec 14th 1928

20. UNDERTAKER: O. F. Mitchell — ADDRESS: Independence Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

vised United States Standard Certificate of Death

roved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of pation is very important, so that the relative thfulness of various pursuits can be known. The tion applies to each and every person, irrespec- of age. For many occupations a single word or on the first line will be sufficient, e. g., *Farmer or ter, Physician, Compositor, Architect, Locomo- Engineer, Civil Engineer, Stationary Fireman,* But in many cases, especially in industrial em- ments, it is necessary to know (*a*) the kind of k and also (*b*) the nature of the business or in- ry, and therefore an additional line is provided he latter statement; it should be used only when d. As examples: (*a*) *Spinner*, (*b*) *Cotton mill, Salesman*, (*b*) *Grocery*, (*a*) *Foreman*, (*b*) *Auto- le factory.* The material worked on may form of the second statement. Never return borer," "Foreman," "Manager," "Dealer," etc., out more precise specification, as *Day laborer, n laborer, Laborer—Coal mine*, etc. Women at e, who are engaged in the duties of the house- only (not paid *Housekeepers* who receive a ite salary), may be entered as *Housewife, sework* or *At home*, and children, not gainfully loyed, as *At school* or *At home.* Care should aken to report specifically the occupations of ons engaged in domestic service for wages, as ant, *Cook, Housemaid*, etc. If the occupation been changed or given up on account of the ASE CAUSING DEATH, state occupation at be- ing of illness. If retired from business, that may be indicated thus: *Farmer (retired*, 6 . For persons who have no occupation what- , write *None.*

Statement of Cause of Death.—Name, first, the ASE CAUSING DEATH (the primary affection with ect to time and causation), using always the accepted term for the same disease. Examples: *brospinal fever* (the only definite synonym is idemic cerebrospinal meningitis"); *Diphtheria* id use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ———— (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.