

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

Do not use this space.

12182

1. PLACE OF DEATH

County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033
 City Brentwood Mo. 8214 Manchester Ave St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

John Wm. Carpenter
 (a) Residence No. 8214 Manchester St., _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

male | White | Widower

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

Mary Carpenter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2, 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>86</u>	<u>3</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clay miner
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cornwall
 (STATE OR COUNTRY) England

10. NAME OF FATHER Richard Carpenter

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT J. W. Carpenter
 (Address) 8214 Manchester

15. FILED Mar 22 1929 Katharine M. Sullivan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 10, 1929, to March 21, 1929, that I last saw him alive on March 21, 1929, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Cardiac Condition

97 years (duration) yrs. mos. ds.
99 years (duration) yrs. mos. ds.
Arteriosclerosis

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED None
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
 (Signed) Vincent J. Jernigan M. D.
 , 19 (Address) 3101 Sutter Ave
Manchester 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 Oak Hill Cemetery DATE OF BURIAL 3-25 1929

20. UNDERTAKER McLaughlin ADDRESS 23 W. Lockwood
W. Graves

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.

96.
1928
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