MAY 29 1929

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

Do not use this space.

17048

1. PLACE OF DEATH
County Vernon
Township Center
City Nevada Mo (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 3039
File No. .....
Registered No. 110

2. FULL NAME Mary Evelin 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 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE N
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harlin Carpenter
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3 - 1918
7. AGE 18 - YEARS MONTHS 4 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Carterville Mo
(STATE OR COUNTRY) Jasper Co
PARENTS
10. NAME OF FATHER George Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D K
(STATE OR COUNTRY) S. Carolina
12. MAIDEN NAME OF MOTHER Rachel Moothart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D K
(STATE OR COUNTRY) S. Carolina
14. INFORMANT Harlin Carpenter
(Address) Burlington Kans
15. FILED 5/9/ 1929. E. R. King REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1929
17. I HEREBY CERTIFY, That I attended deceased from April 12, 1929, to April 22, 1929, that I last saw her alive on April 22, 1929, and that death occurred, on the date stated above, at 2:45 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Intestinal Obstruction
1223
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Nevada, Mo.
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-12-29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. E. O'Neal, M. D
April 13 1929 (Address) Nevada, 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 Olive Branch Cemet
DATE OF BURIAL 4/24/ 1929
20. UNDERTAKER Ferry Funeral Home
ADDRESS Nevada 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.

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THIS IS A PERMANENT RECORD