

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

Do not use this space.

29426
28723

1. PLACE OF DEATH

County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 City Near Farmington, Mo No. _____ St. _____ Ward)

File No. _____
 Registered No. 119

2. FULL NAME Charles Corpey

(a) Residence. No. 7267 Anna St. _____ Ward. Maplewood Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 7 mos. 13 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 Unknown Letha Carpey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 9/13/91

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
37 11 0

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Laborer
 (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) Illinois

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records (Address) Farmington, Mo.

15. FILED Aug 14, 1929 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1929
 17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to Aug 13, 1929 that I last saw him alive on Aug 13, 1929, and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
General Paralysis of the Insane
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 76
 (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? clinical & Lab.
 (Signed) P. S. Tan, M. D.

Aug 17, 1929 (Address) Hoop #4 Farmington 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 Mt Lebanon Cem DATE OF BURIAL 8/16 1929

20. UNDERTAKER Broghan Und Co 714 W. Wendover St Louis Mo
 ADDRESS

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

UG 20 1929

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.

AUG 26 1947