

MAR 27 1930

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

Do not use this space.

5483

1. PLACE OF DEATH

County Johnson
Township Centerview,
City WARRENSBURG (No. _____)

Registration District No. 431
Primary Registration District No. 5589

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Lura Sarah Carpenter,

(a) Residence No. Centerview Twp St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 2 1929 to Feb 18 1930, 1930, and that I last saw her alive on Feb 18 1930, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 17. 1891

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 38 11 1

Pericarditis

8. OCCUPATION OF DECEASED

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

71A
580A (duration) 2 yrs. mos. ds.

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

9. BIRTHPLACE (CITY OR TOWN) Henry Co Mo. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER J. E. Carpenter.

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina.

WHAT TEST CONFIRMED DIAGNOSIS Laboratory

12. MAIDEN NAME OF MOTHER Lydia Elam.

(Signed) John A. Sweeney, M.D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Fayette Ill.

. 19 (Address) Warrensburg

*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.

14. INFORMANT Lawrence Carpenter. (Address) Warrensburg, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

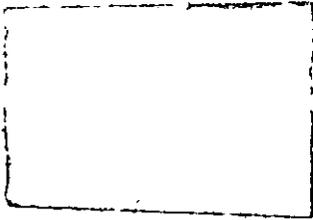
Sunset Hil, Cem. Feb. 20, 1930

15. FILED 2/25-30 Mr. R. Patterson REGISTRAR

20. UNDERTAKER ADDRESS

S. R. Sweeney. Warrensburg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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