

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

Do not use this space.

34605

1. PLACE OF DEATH

1 County Adair Registration District No. 4
 2 Township _____ Primary Registration District No. 3001
 7 City Hicksville (No. Daughter Hosp) St. _____ Ward _____

2. FULL NAME

George Lawrence Carpenter
 (a) Residence, No. P.O. #6 - Santa, Mo. St. Ward _____

Length of residence in city or town where death occurred — yrs. — mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Sidney Carpenter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 3rd 1892</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>10</u>
	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, saw mill, bank, etc. <u>11</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1932</u>	
	11. Total time (years) spent in this occupation <u>5 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grundy County Missouri</u>		
FATHER	13. NAME <u>Barth Carpenter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grundy County Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Roberts</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grundy County Missouri</u>	
17. INFORMANT (ADDRESS) <u>Clella Carpenter Benton, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>South Evans Grundy County</u> DATE <u>Nov 6th 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Raymond A Davis # 3424 Santa, Missouri</u>		
20. FILED <u>11/4 - 1932</u> <u>Mrs C. Becker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1932 to Nov 3 1932
 I last saw him alive on Nov 3 1932. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of
Stomach
 Other contributory causes of importance: 4 G B

Name of operation Autopsy Date of Oct 30
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Geo. W. DeLoach, M.D.
 (Address) Hicksville, 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.

JAN 7 1933

DEC 29 1948

1932-11-8
1873-12-4

58-10-29