

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

Do not use this space.

40230

**1. PLACE OF DEATH**

49 County Jay Registration District No. 411  
 Township Wagon Primary Registration District No. 2007  
 City Jay No. 1 Sun. Home Wilson Ward

File No. 17  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Mrs Anna Carpenter  
 (a) Residence, No. about 50 yrs. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Carpenter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
	<u>74</u>	<u>1</u>	<u>-</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

FATHER 13. NAME Elisha Witt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France

MOTHER 15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No records

17. INFORMANT (ADDRESS) Mrs Alice Neal 1502 Birch Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller W. DATE 12-12-32

19. UNDERTAKER (ADDRESS) Funeral home

20. FILED 12 1932 Anderson Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1932 to Dec 10 1932  
 I last saw her alive on Nov 15 1932 Death is said to have occurred on the date stated above, at 6 m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis  
23 A  
 Other contributory causes of importance 23 B ①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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) J. L. Martin, M. D.  
 (Address) Joplin Mo.

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

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 24 1938

