

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

Do not use this space.

29842

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 3768  
 Township Jean Primary Registration District No. 1002 Registered No. 3768  
 City Kennett (No. W.C. General Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Herman Carpenter  
 (a) Residence, No. 2577 Harrison St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. mos. 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, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13, 1900</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.	
	<u>23</u>	<u>5</u>	<u>9</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1933 to 9-22, 1933  
 I last saw him alive on 9-22, 1933 Death is said to have occurred on the date stated above, at 5:34 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Lateral sinus thrombosis, bilateral  
G2B  
G210  
 Other contributory causes of importance \_\_\_\_\_

Date of onset	_____
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23. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) P. F. De Maria, M. D.  
 (Address) Sept 7 C Gen. Hosp Kennett  
9-22-33

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

FATHER

13. NAME Herry Carpenter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jura

MOTHER

15. MAIDEN NAME Clara Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jura

17. INFORMANT Reverend Clerk  
 (ADDRESS) W.C. Gen. Hosp W.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Church Hill DATE 9-24, 1933

19. UNDERTAKER John X. Tolson  
 (ADDRESS) \_\_\_\_\_

20. FILED Sept 24, 1933 M. M. Corow  
2024 Registrar.

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.

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

JUL 20 1933

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