

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

Do not use this space.

**1. PLACE OF DEATH**

County Cass Registration District No. 156  
Township Forest Grove Primary Registration District No. 4090  
City Harrisonville, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 8192  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sarah Ellen Carpenter  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Freeman, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 11 7

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

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

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

13. NAME Joe Jim C Miles

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

15. MAIDEN NAME Unknown Kimney

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

17. INFORMANT Mrs A W Miles (ADDRESS) Harrisonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman DATE 3/31, 1934

19. UNDERTAKER Russenburger Bros (ADDRESS) Harrisonville, Mo.

20. FILED 3/30, 1934 A. S. Long Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934, to Mar 29, 1934. I last saw her alive on Mar 29, 1934. Death is said to have occurred on the date stated above, at 2 P. m. The principal cause of death and related causes of importance were as follows:

Senile Arteriosclerosis  
Resulting thrombosis  
131  
137  
Other contributory causes of importance: Chronic Hypertension

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physic Was there an autopsy? no

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? No  
If so, specify \_\_\_\_\_  
(Signed) E. E. [Signature]  
(Address) Harrisonville, 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.

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