MAY 25 1934

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

Do not use this space.

File No. 13102

Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No.:
Township: Kan — Primary Registration District No.:
City: K. City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME: George H. Carpenter
(a) Residence, No. Trimble 710 St., Ward.
(Usual place of abode) Trimble Mo
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 20 1864

7. AGE — YEARS: 68 — MONTHS: 1 — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year): 4
11. Total time (years) spent in this occupation: 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

FATHER
13. NAME: Amos Carpenter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary Shackelford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Spencer Carpenter North KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gravemons DATE: April 19..

19. UNDERTAKER (ADDRESS): J. J. Manning J. Flatthingmo

20. FILED: Apr 26 1934 M. M. Crosby asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 26 1934, to April 26th 1934
I last saw him alive on Apr 26 1934. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Toxemia from a strangulated (Left inguinal) Hernia — Pt. brought in hospital at 11 A.M. in extreme shock — Pt. died 3 hours later —

Other contributory causes of importance:

None

Name of operation: None Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No
Was cancer found on microscopic examination? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Fred Norby M. D.
(Address) 618 Professional Bldg

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.

PERMANENT RECORD