

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 FULLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

NOV 2 1935

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

Do not use this space.

11536-3

1. PLACE OF DEATH

County Saline
 Township Blackwater
 City (No.) St. Ward)

Registration District No. 798
 Primary Registration District No. 6042

File No.
 Registered No.

2. FULL NAME

Mattie Carpenter

(a) Residence, No. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. Carpenter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16, 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 0 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) Terre Haute, Indiana

13. NAME Wm Rentfro

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

15. MAIDEN NAME Annie

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

17. INFORMANT (ADDRESS) Ed Carpenter Nelson, Mrs.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller's Chapel DATE Apr. 1, 1935

19. UNDERTAKER (ADDRESS) Vandiver Mortuary Marshall, Mo.

20. FILED Oct. 19, 1935 E. J. Whisnutt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1935

22. I HEREBY CERTIFY That I attended deceased from held inquest March 30, 1935
 I last saw him on, 19..... Death is said to have occurred on the date stated above, at 6 p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset

Other contributory causes of importance:
None

Name of operation Date of
 What test confirmed diagnosis? None Was there an autopsy? Yes

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

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) J. Lawless Coroner M. D.
 (Address) Marshall Mo.

