

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.

JUN 26 1935

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

Do not use this space.

17388

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township \_\_\_\_\_ Primary Registration District No. 5889  
City Sedalia (No. \_\_\_\_\_) County Home St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 176  
Registered No. 668

2. FULL NAME Frank Carpenter  
(a) Residence, No. \_\_\_\_\_ County Home 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 M  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 1847  
7. AGE YEARS 87 MONTHS 8 DAYS 12  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Missouri

13. NAME Calvin Carpenter

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

15. MAIDEN NAME DK

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

17. INFORMANT (ADDRESS) Mrs Roberts County Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE May 21 1935

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED 5-21-1935 Grace Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1935

I HEREBY CERTIFY That I attended deceased from May 18 to May 20 1935

I last saw him alive on May 19 1935 Death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.

The principal cause of death and related causes of importance were as follows:

Sedema Pulmonary following an acute cold

Other contributory causes of importance Flu Cold on 5/11/35, Arterio-sclerosis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Ed. Taylor, M. D.  
(Address) Sedalia, Mo.

