

AUG 14 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Duane  
Township Buffalo  
City..... (No..... St..... Ward.....)

Registration District No. 283  
Primary Registration District No. 5402

File No. 19354  
Registered No.....

## 2. FULL NAME

Opal Carpenter  
(a) Residence, No..... St..... Ward.....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
19 1 8

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

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) Campbell Mo

13. NAME Charles Carpenter

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

15. MAIDEN NAME Minnie B. Brown

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

17. INFORMANT Chas. Carpenter  
(ADDRESS) Cardwell, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Digger, Ark DATE June 16, 1935

19. UNDERTAKER Grand Mitchell  
(ADDRESS) Paragould, Ark.

20. FILED 8-5 1935 W. H. Johnson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from unattended by physician, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 3 P. m.

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

by being accidentally drowned in  
Swampy Ditch No. 4 near Narrows,  
Mo. while trying to row a  
boat across the ditch. Date of onset 170

Other contributory causes of importance: 213

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident 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) J. J. Rigney Brown, M. D.

(Address) Dennett, 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.

