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.

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

AUG 28 1936

Do not use this space.

27758

1. PLACE OF DEATH
County St Clair — Registration District No. 765 — File No.
Township Osceola — Primary Registration District No. 6266 — Registered No. 23
City (No. , St. Ward)

2. FULL NAME Flora Hammett 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: John Carpenter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27 1852

7. AGE: Years 83 — Months 5 — Days 27 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): 1933
11. Total time (years) spent in this occupation: Life

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

FATHER
13. NAME: John Gillmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Flora Gillard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Fred Ball, Humansville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Helsapple Cem DATE July 10 1936

19. UNDERTAKER (ADDRESS): Earl Fierstos, Collins Mo

20. FILED 8/1 1936 Ruth Sievers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July ~~7~~ 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19..., to July 9, 1936.
I last saw her alive on July 16, 1936. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Fell and broke hip on — Date of onset 8-22 1936

Other contributory causes of importance: Had influenza in April and did not regain strength

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?~~ Date of injury 7/22, 1936
Where did injury occur? Osceola Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall
Nature of injury Broken hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ruth Sievers, M. D.
(Address) Osceola Mo