

JAN 29 1937

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

Dr. Francis B. Camp
Do not use this space.

44469

1. PLACE OF DEATH

County Eugene Registration District No. 318
Township H. Township Primary Registration District No. 5439
City Springfield, Mo. Highway #66

File No. _____
Registered No. 1050
St. _____ Ward _____

2. FULL NAME

John C. Carpenter
(a) Residence, No. Highway #66 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1936, to Dec. 26, 1936.
I last saw h. ~~him~~ alive on Dec. 24, 1936. Death is said to have occurred on the date stated above, at 11:10 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1860

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 9

Pneumonia - Broncho. Dec 22-36

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

Other contributory causes of importance:
Arterio-sclerosis - Cerebral 1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piqua Ohio

13. NAME John C. Carpenter

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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

15. MAIDEN NAME Rebecca Darlington

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.

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

17. INFORMANT Mrs. Ethel Carpenter (ADDRESS) Springfield Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Dec. 28, 1936

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER Alma Jabmeyer (ADDRESS) Springfield Mo.

If so, specify Francis B. Camp (Signed) _____, M. D.
(Address) Springfield

20. FILED Dec 28, 1936 Charles D. George Registrar

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.

