

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

Do not use this space.

47367

1. PLACE OF DEATH JAN 27 1937

County Stone Registration District No. 1033
Township Pine Primary Registration District No. 6113
City (No.) St. Ward

2. FULL NAME Mary 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 Henry Carpenter. Married.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1888.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 2 2

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia.

13. NAME Willie Roberts.

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

15. MAIDEN NAME Nancy Satterfield

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

17. INFORMANT Henry Carpenter.
(ADDRESS) Blue Eye, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yocum Cemetery, DATE Dec. 16, 1936

19. UNDERTAKER "None"
(ADDRESS)

20. FILED Dec 1936 Chester D. Scott
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1936 to Dec. 13, 1936.

I last saw her alive on Dec. 13, 1936. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Influenza and Lobar Pneumonia.

Date of onset

Other contributory causes of importance:

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, 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?

If so, specify (Signed) E. G. Miller M. D.
(Address) Blue Eye, Missouri.

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.

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