

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Mason
City Valley St. Road (No. Valley St. Road)

Registration District No. 547578
Primary Registration District No. 3079

File No. 12613
Registered No. 95
St. _____ Ward _____

2. FULL NAME William Carpenter

(a) Residence, No. Valley St. Road 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
76 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Illinois13. NAME James Carpenter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Susan Newton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Mrs. O.E. Tapp (ADDRESS) Harrison Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE March 14, 193719. UNDERTAKER James O'Donnell (ADDRESS) Harrison Mo20. FILED 3/19, 1937 H. C. Fisher Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 193722. I HEREBY CERTIFY, That I attended deceased from 1935, 19....., to Mar 12, 1937I last saw him alive on Mar 11, 1937. Death is saidto have occurred on the date stated above, at 2 A.m.

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

Acute StenosisDate of onset 1935Other contributory causes of importance: ad

Name of operation _____ Date of _____

What test confirmed diagnosis? and right 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? _____

If so, specify _____

(Signed) A. L. Shultz, M. D.(Address) Harrison Mo

