

SEP 17 1937

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

Do not use this space.

30788

1. PLACE OF DEATH

County Henry

Registration District No. 14

Township Windsor

Primary Registration District No. 4211

City Windsor

(No. _____)

File No. _____

Registered No. 22

St. _____

Ward _____

2. FULL NAME

(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

Male

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)

Jan. 6 1876

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, _____ hrs. or _____ min.

61

7

8

OCCUPATION

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

machinist

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) Werkinsville
(STATE OR COUNTRY) Indiana

13. NAME

George W. Carpenter

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

Ohio

15. MAIDEN NAME

Harriet Taylor

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

Iowa

17. INFORMANT

Bill Carpenter
Windsor, Missouri

18. BURIAL CREMATION OR REMOVAL PLACE

Lawcomers Crematory
Kansas City, Mo.

August 15 '37

19. UNDERTAKER

Huston Turner
Windsor, Missouri

20. FILED

8-15 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 14 1937

22. I HEREBY CERTIFY, That I ^{deceased} ~~deceased~~ ^{deceased} ~~deceased~~ from body of deceased, 1937, to July 14, 1937

I last saw h. _____ alive on _____, 1937 Death is said

to have occurred on the date stated above, at about 9:30 A.M.

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

Gunshot wound of the brain self-inflicted July 14/37

Date of onset

Other contributory causes of importance:

Name of operation

none

Date of _____

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury July 14, 1937

Where did injury occur? Windsor, Henry Co., Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Gunshot wound of brain

Nature of injury Fracture of skull + laceration of brain shell

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

If so, specify _____

(Signed)

C. S. B. Hughes

M. D.

(Address)

Windsor, Mo. Henry Co., 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.

2

14
4211

60

2
222

