REG'D JUN 19 1939

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

Do not use this space.

File No. 17962

Registered No.

1. PLACE OF DEATH
County: Bates
Township:
City: Amoret (No. ... St. ... Ward)
Registration District No. 48
Primary Registration District No. 4028

2. FULL NAME: Lawrence Leroy Carpenter

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Alice M. Carpenter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-29-1887

7. AGE: Years 51 | Months 11 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Christian Church
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): Linn Co Kans

FATHER
13. NAME: John M. Carpenter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown New York

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs Alice M Carpenter Amoret Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Leadington Park DATE: May 27, 1939

19. UNDERTAKER (ADDRESS): R Taylor & Son Pleasanton Kansas

20. FILED 5/26 1939 Mrs. Earl Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1939, to May 26, 1939. I last saw him alive on May 26, 1939. Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance: G.H.D.

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) J. M. Smith, M. D.
(Address) Amoret Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 7
District File Number 7-39-926
Date Filed 6-8-39