

MAR 24 1931

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

Do not use this space.

5276

1. PLACE OF DEATH

County HenryRegistration District No. 14Township WPrimary Registration District No. 4241City Windsor (No. _____)St. 3 Ward _____

2. FULL NAME

Geraldine Carpenter(a) Residence, No. 306 L. Jackson 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 Ralph Carpenter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

22 9 18

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

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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME of C.E. Farris

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

15. MAIDEN NAME Florence Carr

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

17. INFORMANT Ralph Carpenter (ADDRESS)

18. BURIAL PLACE Windsor DATE 2-16-31 19.

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL (ADDRESS)

20. FILED Feb 16 1931 J. J. Demmer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-31 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1931, to Jan 13 1931

I last saw her alive on Jan 13 1931. Death is said

to have occurred on the date stated above, at 10 a.m.

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

No diagnosis200B

Other contributory causes of importance: _____

Date of onset

Name of operation none 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? No

If so, specify _____

(Signed) J. A. Blackmore M. D.(Address) Windsor, Mo.

