

MAR 20 1936

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

Do not use this space.

1032

## 1. PLACE OF DEATH

County Henry  
Township Windsor  
City Windsor (No. ....)

Registration District No. 14  
Primary Registration District No. 4211

File No. ....  
Registered No. 7 Ward

## 2. FULL NAME

(a) Residence, No. 210 S. Smith St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 7 8

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) Verdin Ill13. NAME Brunfield14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill15. MAIDEN NAME Freeway16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill17. INFORMANT (ADDRESS) BH Carpenter18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Jan 22, 193619. UNDERTAKER (ADDRESS) C. W. Austin20. FILED Jan 22, 1936 Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 193622. I HEREBY CERTIFY That I attended deceased from Jan 20, 1936, to Jan 20, 1936I last saw him alive on Jan 20, 1936 Death is said to have occurred on the date stated above, at 5 A. m.

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

Cardiac decompensation Date of onset ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? no

If so, specify .....

(Signed) Roy B. Jordan, M. D.(Address) Windsor, Mo.

N. B.—Every item of information should be carefully verified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAR 2 1943