FEB 20 1928

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

Do not use this space.

262

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 69
City St. Joseph, (No. 3317 Mitchell Avenue, St. Ward)

2. FULL NAME John Milton Carpenter,
(a) Residence. No. 3317 Mitchell Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 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 Martha Carpenter,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14, 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
50	0	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookkeeper,
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Co.
(c) Name of employer Hyde Valley Lumber Co.

9. BIRTHPLACE (CITY OR TOWN) Andrew County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER George Carpenter,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Martha Eisiminger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Andrew County,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. J. M. Carpenter
(Address) 3317 Mitchell Avenue.

15. FILED JAN 16 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jany 6th, 1928, to Jany 15, 1928 that I last saw him alive on Jany 15th, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia following Influenza
11A
107A (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Influenza
11A (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) Arthur H Kelly, M. D
Jany 16, 1928 (Address) St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery — DATE OF BURIAL: Jan. 17, 1928

20. UNDERTAKER: Heaton-DeGole-Bowman Funeral Home by J. W. Kaale — ADDRESS: 319 S. 10 St.

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD