

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

Do not use this space.

28150

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No. 111)

Registration District No. 417
Primary Registration District No. 5561D

File No. _____
Registered No. 111
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 715 East 7th St. Ward. Joplin

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 7 1

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

9. BIRTHPLACE (CITY OR TOWN) Atta
(STATE OR COUNTRY) _____

10. NAME OF FATHER James Carpenter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Minnie A. Largent

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) _____

14. INFORMANT Records
(Address) Mrs. Vera Carpenter

15. FILED 8/19 1929 P. M. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1929 to Aug 19 1929 that I last saw her alive on Aug 18 1929, and that death occurred, on the date stated above, at 7:40 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
234 Dickson
114A (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED unknown
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Positive Sputum
(Signed) Jose E. Douglass, M. D.
19 1929 (Address) West City

*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 Asah Memorial DATE OF BURIAL 8/20 1929

20. UNDERTAKER Anderson Med Co ADDRESS Joplin

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.

25 1929

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