

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

Do not use this space.

36975

**1. PLACE OF DEATH**

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

Registration District No. 347  
Primary Registration District No. 5501A

File No. ....  
Registered No. 132  
St. .... Ward)

**2. FULL NAME**

Henry C Carpenter

(a) Residence. No. .... 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 <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Ann Carpenter</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 19 1949</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>4</u>	DAYS <u>1</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Morgan Co  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>John Carpenter</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>
	12. MAIDEN NAME OF MOTHER <u>Rachel Fry</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>

14. INFORMANT (Address)  
Curtis Carrilton  
Jessville Mo

15. FILED Nov 2, 1929 Dr. E. C. Peelor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-2 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1 1929, to Nov 2 1929, that I last saw him alive on Oct 31, 1929, and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac asthma

958

(duration) yrs. 6 mos. ds.

CONTRIBUTOR (SECONDARY) 908  
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. S. Walker, M. D.  
11-2, 1929 (Address) Clinton 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 <u>Lebo Cemetery</u>	DATE OF BURIAL <u>11/3</u> 19 <u>29</u>
20. UNDERTAKER <u>Spore &amp; Son</u>	ADDRESS <u>Clinton Mo.</u>

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.

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