

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.

MAY 29 1932

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

Do not use this space.

12047

1. PLACE OF DEATH
 27 County Cooper Registration District No. 227
 Township Praine Home Primary Registration District No. 447
 City Praine Home (No. 5303-) Registered No. 6
 St. _____ Ward _____

2. FULL NAME Wm Frankler 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 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 Dora Carpenter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1874
 7. AGE YEARS 57 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) La Plata mo
 FATHER 13. NAME Hugh F. Carpenter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Rebecca Buck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Ignace Carpenter
 (ADDRESS) Praine Home Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Staten Cem DATE 4-16-32
 19. UNDERTAKER C. Albert Hornbeek
 (ADDRESS) Praine Home Mo
 20. FILED 4-15, 1932 A. L. Meredith
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932 to 4-13, 1932
 I last saw him alive on 4-13, 1932 Death is said to have occurred on the date stated above, at 11 P.
 The principal cause of death and related causes of importance were as follows:
Leukemia Lymphatic Unknown
72h 7/20
 Other contributory causes of importance:
(1)
 Name of operation _____ 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? _____
 If so, specify _____
 (Signed) A. L. Meredith, M. D.
 (Address) Praine Home Mo

