

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.

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

Do not use this space.

26487
3226

1. PLACE OF DEATH

County Jackson
Township Lawrence
City Kansas City

Registration District No. 399

File No.

Primary Registration District No. 1002

Registered No.

St. Cornington

St. Ward)

2. FULL NAME

(a) Residence No. 244 Johnson
(Usual place of abode) 909 Cornington St.

Ward.

(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

m.

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED, OR

WIDOWED (write the word)

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

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

June 14, 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

86

1

24

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At Home

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)

Clay City, Mo.

FATHER

13. NAME

Dan Carpenter

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

unk.

MOTHER

15. MAIDEN NAME

Harriett Mitchell

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

184

17. INFORMANT
(ADDRESS)

Mary E. Long
122 Michigan

18. BURIAL, CREMATION, OR REMOVAL
PLACE

Blue Ridge

19. UNDERTAKER
(ADDRESS)

Statkins Bros.
1729 Lydia

20. FILED

Aug 12, 1933

McNamee
222

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8/8

1933

22. I HEREBY CERTIFY, That I attended deceased from

July 7, 1933, to Aug 8, 1933

I last saw him alive on Aug 3, 1933. Death is said

to have occurred on the date stated above, at 12:05 a.m.

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

Broncho-Pneumonia

Date of onset
8-4-33

Other contributory causes of importance:
Chronic Myocarditis

Name of operation none Date of none

What test confirmed diagnosis? Clinical 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?

If so, specify MR Lester, M. D.

(Address) 1529 Lister

1529
J. M. L. L. L.

1529