

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

Do not use this space.

FEB 26 1935

2018

**1. PLACE OF DEATH**

County Macou  
Township Boyer  
City Brewer

Registration District No. 527  
Primary Registration District No. 5703

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

**2. FULL NAME**

James M. Carpenter

(a) Residence, No. .... 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Clara Carpenter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18 - 1868</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>9</u>
		DAYS
		<u>19</u>
		IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tanner</u>	
	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) <u>Keosauqua Iowa</u>		
MOTHER	13. NAME <u>John Carpenter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pentucky</u>	
	15. MAIDEN NAME <u>Sarah Neal</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Geo. Sitar Brewer Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brewer</u> DATE <u>Jan 9 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. G. Edmurse Brewer Mo</u>		
20. FILED <u>Jan 15 1935</u> <u>Edw Simpson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Jan 7 1935

I last saw him alive on 1-6-35 1935 Death is said

to have occurred on the date stated above, at 2:30 P.M.

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

Arterio Sclerosis with hypertension

Date of onset

?

Other contributory causes of importance:

Cerebral Hemorrhage

1-6-35

Name of operation Clinical 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

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? NO

If so, specify

(Signed) D. P. Conroy M. D.

(Address) Macou Mo

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.

