AUG 18 1936

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

Do not use this space.

26039

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No.
Township — Primary Registration District No. 3015 — Registered No. 94
City Boonville (No. , St. Ward)

2. FULL NAME Mrs Ella Virginia Carpenter
(a) Residence, No. 208 Third St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Earnest L Carpenter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 3-1859
7. AGE: YEARS 76 — MONTHS 10 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): June 1936
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: John D Fricke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER
15. MAIDEN NAME: ? Calvert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland.

17. INFORMANT (ADDRESS): E. C. Carpenter Boonville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Walnut Grove Cem DATE: July 29 1936
19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville Mo
20. FILED: July 30 1936 [signature] Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932, to July 27, 1936
I last saw her alive on 7-26, 1936. Death is said to have occurred on the date stated above, at 8 05 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	2-8-32
126	
Other contributory causes of importance:	
Cholelithiasis	3-15-36

Name of operation: Cholecystectomy Date of 5-7-36
What test confirmed diagnosis? Laboratory 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? no
If so, specify
(Signed) W. E. Stone, M. D.
(Address) Boonville, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.