

57 JUL 3 0 1937

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

Do not use this space.

24203

1. PLACE OF DEATH

County Livingston
Township Dreml
City Utica

Registration District No. 572
Primary Registration District No. 5682

File No. 10
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Anna L. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

7. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. G. W. Carpenter

I HEREBY CERTIFY, That I attended deceased from June 2, 1937, to June 2, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1874

I last saw her alive on June 2, 1937 Death is said to have occurred on the date stated above, at 10:15pm

7. AGE YEARS 63 MONTHS 2 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

Cerebral Hemorrhage 6/2/37 Date of onset

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

Arterio sclerosis with hypertension 1920

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 _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacobs, Missouri

13. NAME Louis Wilson

Name of operation none Date of _____

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

What test confirmed diagnosis Clinical Was there an autopsy? No

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT H. K. Myers (ADDRESS) Detroit, Michigan

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE Utica DATE June 5, 1937

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe, Missouri

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED June 9, 1937 Hazel Stammer Registrar.

If so, specify _____ (Signed) G. W. Carpenter, M. D. (Address) Chillicothe, Mo.

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

SEP 10 1951