

DEC'D JUL 17 1938

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

Do not use this space.

22211

1. PLACE OF DEATH

County Johnson Registration District No. 429
Township Washington Primary Registration District No. 423-5-
City Knott, N. W. Mo. St. _____ Ward _____

2. FULL NAME

William Dimitree Carpenter

615

(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 25 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) Emma Carpenter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1847

7. AGE, YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 0 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired stock man & 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) 10 years 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

13. NAME Adam Carpenter 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

15. MAIDEN NAME Jones

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

17. INFORMANT Mrs Maude Barnett
(ADDRESS) St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Knott, Mo DATE 6-29, 1938

19. UNDERTAKER C. J. South
(ADDRESS) Knott, Mo

20. FILED June 28, 1938 J. A. Koch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 25, 1938, to June 27, 1938

I last saw him alive on June 27, 1938. Death is said

to have occurred on the date stated above, at 6:00 p. m.

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

Senility

Other contributory causes of importance: 162

Name of operation _____ Date of _____

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? No

If so, specify _____

(Signed) J. E. Porter, M. D.

(Address) Knott, Mo

