

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

Do not use this space.

542

1. PLACE OF DEATH

17 County Barren Registration District No. 130
 3 Township Carleton Primary Registration District No. 3010
 4 City Carleton (No. 211) North Monroe St. 1st Ward

2. FULL NAME

John Emory Wimpsey
 (a) Residence, No. _____ St. _____ Ward _____
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Jane McElvane
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-20-1844
 7. AGE YEARS 88 MONTHS 11 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
 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. Retired Farmer
 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) Kentucky
 13. NAME Anderson Wimpsey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Lavinia Madris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT (ADDRESS) Mrs. Brown Chapman
Seibert Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 1-19
 19. UNDERTAKER (ADDRESS) Wells Funeral Home
Carleton Mo
 20. FILED 1-18 1933 Mrs. E. E. Farnham
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1933, to 1-17, 1933
 I last saw him alive on 1-17, 1933 Death is said to have occurred on the date stated above, at 9 A.M.
 The principal cause of death and related causes of importance were as follows:
myocarditis
930
1115
9310

Other contributory causes of importance:
Suppuration
 Date of onset _____

Name of operation _____ 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 _____, 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. P. Atwood M. D.
 (Address) Carleton Mo

