

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Roman  
Vol. No. # 21  
Ino. Town  
City (No. St., Ward)

Registration District No. 7492  
Primary Registration District No. 2106

File No. 16463  
Registered No. 17

(If death occurred in a hospital or institution, give its name and ward)

FULL NAME William M. Carpenter

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OF RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
(Write the word)

DATE OF DEATH June 29, 1916  
(Month) (Day) (Year)

DATE OF BIRTH Nov 27, 1892  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased, from June 1916 to June 28, 1916, that I last saw him alive on June 28, 1916, and that death occurred on the date stated above at 5:45 p.m. The CAUSE OF DEATH\* was as follows:

AGE 4.6 yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

Tuberculosis of Lungs  
(Duration) ( ) yrs. mos. ds.

OCCUPATION (a) Trade, profession, or particular kind of work Common Labor  
(b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) State Bath, Co

Contributory (SECONDARY) (Duration) ( ) yrs. mos. ds.  
(Signed) D. H. ... M. D.  
June 24, 1916 (Address) Franklin

10 NAME OF FATHER William Carpenter

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Carpenter

13 BIRTHPLACE OF MOTHER (State or country)

\*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSE state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Lilla Ingram  
(Address) Lawrence, Ky.

15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death... yrs... mos... ds. State... yrs... mos... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

16 Filed 6-29-16 Maudie Myers  
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Lawrence Cemetery DATE OF BURIAL June 30, 1916

20 UNDERTAKER John Cabret Morehead ADDRESS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully ascertained. AGE should be stated EXACTLY. EMPLOYERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Report statement of OCCUPATION is very important. See instructions on back of certificate.