

PLACE OF DEATH

COUNTY OF ESMERALDA

TOWN OF Esmeralda
or
CITY OF LocalNEVADA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
DUPLICATE CERTIFICATE OF DEATHState Index No. _____
LOCAL REGISTERED NO. 7

(No. _____ St. _____ Ward _____)

Full Name Clarence Glen Carpenter

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	3 Single <u>Single</u> Married Widowed or Divorced (Write the word)	19 DATE OF DEATH <u>July 17</u> 19 <u>43</u> (Mth) (Day) (Year)	
6 DATE OF BIRTH <u>August 14, 1942</u> (Mth) (Day) (Year)	7 AGE yr. <u>11</u> mo. <u>3</u> da. If LESS than 1 day hr., or min.		20 I HEREBY CERTIFY, That I attended deceased from _____ 1922 to _____ 1922	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) Usual source of income, business or establishment in which employed (or employer)			21 That I last saw the _____ alive on _____ 1922	
9 BIRTHPLACE (State or country) <u>Singer, Oklahoma</u>			and that death occurred on the date stated above at <u>S. 4 1/2</u>	
10 NAME OF FATHER <u>James A. Carpenter</u>			The CAUSE OF DEATH* was as follows: <u>Swallowing a quantity of</u> <u>heroin sufficient to set</u> <u>up a fluid on (mucus) in the lungs</u> <u>causing a condition similar</u> <u>to drowning.</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Mulbern, Oklahoma</u>			Contributory (Secondary) _____	
12 MAIDEN NAME OF MOTHER <u>Loneta, Weaver</u>			Autopsy <u>Yes</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Hamrock, Texas</u>			(Signed) <u>Walter Bowler, Coroner</u>	
14a LENGTH OF RESIDENCE At place of death _____ years _____ months			<u>July 19, 1943</u> (Address) <u>Tonopah, Nevada</u>	
At Nevada _____ weeks _____ months			*State the Disease Causing Death, or, is Death from Undeclared Cause, when (1) Cause of Injury, and (2) whether Accidental, Natural, or Homicidal.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			18 SPECIAL INFORMATION only for Hospitals, Institutions, Theatres, or Public Buildings	
(Witness) <u>James A. Carpenter</u>			Disease or Venal Condition _____ How long at _____ Place of Death _____ Days _____	
(Address) <u>Idyer, Nevada</u>			Where was disease contracted, if not at place of death? _____	
Filed <u>7-19-1943</u>			19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____	
Filed _____ 1943 <u>John F. Craig, M.D.</u> Registrar or Deputy			<u>Tonopah, Nevada</u> <u>July 19, 1943</u>	
			22 UNDERTAKER <u>Wm. F. Logan</u> ADDRESS <u>Tonopah, Nevada</u>	