

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

Do not use this space.

8236

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Rau Primary Registration District No. 10  
 City Kansas City, Mo. No. 4505 Montgall St. 1099 Ward   
 2. FULL NAME George W. McCarroll  
 (a) Residence. No. 4505 Montgall 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

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-10-1840  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 87 - 5  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Ms. Margaret Riley  
 (Address) 4505 Montgall  
 15. FILED 3/15 27 M. M. Crowe  
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 15 - 1927  
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 - 1927, to March 15 - 1927 that I last saw him alive on March 12 - 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Semilethal - Arterio Sclerosis  
92C  
97  
102 many (duration) yrs. mos. ds.  
 CONTRIBUTORY Myocardial Degeneration (SECONDARY) (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRATED 92C  
 IF NOT AT PLACE OF DEATH?  
 (B) DID AN OPERATION PRECEDE DEATH? no DATE OF   
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Had arteries chymose Stokes  
respiration specimen in vacuum at 11:30 a.m.  
 (Signed) Herbert Tutthill, M. D.  
Mar. 15 - 1927 (Address) 1125 Rialto Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salina Kans. DATE OF BURIAL 3/17 1927  
 20. UNDERTAKER Stine & McClure ADDRESS 924 Oak St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH RECORD

1125. Red. (L)