

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

Do not use this space.

5136

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 5136
 Township Traw Registration District No. 100 Registered No. 100
 City Kennett (No. Research Hosp) St. Mo Ward

2. FULL NAME

Percy Carroll
 (a) Residence. No. 1300 East 26th Ward 4
 (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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Carroll

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12th 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 1 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
 (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) Jackson

10. NAME OF FATHER

Wm James Carroll

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER

Mary Lyons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14.

INFORMANT Wm J Carroll
 (Address) 407 Grand Bank Bldg.

15.

FILED 2/28 28 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1928, to Feb 16, 1928.
 that I last saw him/her alive on Feb 16, 1928, and that death occurred, on the date stated above, at 21-Feb-1928 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 8:45 A.M.

Angina Pectoris
947 89
97 (duration) about 6 yrs. 6 mos. ds.
 CONTRIBUTORY General Arteriosclerosis
 (SECONDARY) (duration) + yrs. ? mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, K.C.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Electrocardiograph -
clinical + laboratory
 (Signed) D. H. Black, M. D.

2/22, 1928 (Address) 743 Lathrop Bldg. K.C. Mo.

*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

DATE OF BURIAL

Mt. Washington Cem. 2/23 1928

20. UNDERTAKER

ADDRESS

Stone & McClure 924 Oak

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

7-3-50

VI 5-5 10m to 3PM