R 25 1928

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

Do not use this space.

9478

1. PLACE OF DEATH
County Jasper — Registration District No. 417 — File No.
Township Joplin — Primary Registration District No. 3021 — Registered No. 35
City Webb City (No. ..... St. ..... Ward)

2. FULL NAME Laura Isabell Carroll.
(a) Residence. No. 213 N. Jefferson St. Ward. (If nonresident give city or town and State)
(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: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Earl Alfen Carroll

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 8. 1865.

7. AGE: Years 62. Months 11 Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Neosho Mo.

PARENTS
10. NAME OF FATHER: Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Gilstrap
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Newton Co Mo.

14. INFORMANT: Leonard Quinn
(Address) Joplin Mo.

15. FILED 3/24 1928 R. M. Stonmont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-23 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/21, 1928, to 3/23, 1928, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10-15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Anasarca & Exhaustion

46E

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Carcinoma Liver

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: 44 B

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) B A Dumbauld, M. D

3/24, 1928 (Address) Webb City 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: M.T. Hope Cem — DATE OF BURIAL: 3-26 1928.

20. UNDERTAKER: Hurlbut Und Co — ADDRESS: Joplin Mo

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.