4 1928

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

Do not use this space.

24147

1. PLACE OF DEATH
County Jackson — Registration District No. 400 — File No.
Township Prairie — Primary Registration District No. 5553 B. — Registered No. 104
City Lee's Summit — No. ..... St. ..... Ward)

2. FULL NAME Nancy Louisa Carroll
(a) Residence. No. ..... 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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single.
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 1928
7. AGE: YEARS ✓ MONTHS ✓ DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Lee's Summit
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Thurman Carroll
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Gasconade Co. Mo.
12. MAIDEN NAME OF MOTHER Susan Esther [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Lee's Summit Mo.

14. INFORMANT Thurman Carroll
(Address) Lee's Summit Mo.
15. FILED July 27, 1928 F. M. Schick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1928
17. I HEREBY CERTIFY, That I attended deceased from July 26, 1928, to ....., 19..., that I last saw her alive on July 27, 1928, and that death occurred, on the date stated above, at 4 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Haemophilia

70 B (duration) ..... yrs. ..... mos. 8 hrs.

CONTRIBUTORY (SECONDARY) 690

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical finding
(Signed) Vincent A. Peters, M.D.
, 19 (Address) 9 W 3rd St, Lee's Summit 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: Lee's Summit Mo. — DATE OF BURIAL: 7-27 1928
20. UNDERTAKER: R. C. Fields Lee's Summit Mo. — ADDRESS

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.