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.

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

Do not use this space.

27282

1. PLACE OF DEATH U.S. VET.HOSP.67,
County Jackson Registration District No. 399 File No. 3257
Township Kaw Primary Registration District No. 1002 Registered No.
City Kansas City, Mo. (No. U. S. Veterans Hosp. St. Ward)

2. FULL NAME CARROLL, Edward J. C- None
(a) Residence. No. National Military Home, St., Ward. Pvt. 139 Lab. Co.
(Usual place of abode) Kansas. (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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28, 1889.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
38	8	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Boiler Maker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jersey City,
(STATE OR COUNTRY) New Jersey.

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

14. INFORMANT Hospital Records,
(Address) U.S.VET.HOSP., Kansas City, Mo.

15. FILED 8/9, 1928 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from August 4, 1928, to August 7, 1928, that I last saw him alive on August 7, 1928, and that death occurred, on the date stated above, at 8:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis, acute, ruptured, gangrenous,
AID 108 / 17a
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pneumonia, Lobar.
(duration) - yrs. - mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Kansas City, Missouri.
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Aug. 6, 1928.
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Operation.

(Signed) W. E. Chambers, M.D.
W.E.CHAMBERS, Medical Officer in Chge, U.S.VET.HOSP., Kansas City, Mo.
(Address)

*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: Brooklyn N.Y.
DATE OF BURIAL: 8/9 1928

20. UNDERTAKER: The Taylor Funeral Home
ADDRESS: K6 Mo