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. 124 528

1. PLACE OF DEATH
County Cape Girardeau, Mo Registration District No. 125
Township Cape Girardeau, Mo Primary Registration District No. 5178
City Cape Girardeau (No. ..... St. ..... Ward)

File No. .....
Registered No. 4

2. FULL NAME Melvin Charles Carroll
(a) Residence. No. R. F. D. #1 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) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-8-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	11	26	

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER A. L. Carroll
11. BIRTHPLACE OF FATHER (CITY OR TOWN) near Arma Illinois
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rosie Reynolds
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. A. L. Carroll
(Address) R. F. D. #1

15. FILED 1/4, 1929 W. C. Kaemster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-3 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 3, 1929 that I last saw him alive on Jan 2, 1929, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) 11B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) George Walker, M. D
1/4, 1929 (Address) Cape Girardeau 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 Hobbs Chappell
DATE OF BURIAL Jan 3 1929

20. UNDERTAKER A. C. Brinkopf
ADDRESS 536 Broadway