

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

Do not use this space.

2655-6

7 1929

Water 2655-6

1. PLACE OF DEATH

County New Madrid Registration District No. 345
Township Big Prairie Primary Registration District No. 3800
City Madison (No.) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

Edward 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 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 30 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 8 27

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) New Madrid Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Andrew Carroll

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Madrid Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hattie Mathews

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss Co Mo
(STATE OR COUNTRY)

14. INFORMANT Andrew Carroll
(Address) Route, Mathews Mo

15. FILED 6/10 1929 D. G. Kelly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1929

17. I HEREBY CERTIFY, That I attended deceased from January 26 1929, to January 26 1929, that I last saw him alive on Jan 26 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

10/18 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Waters, M. D.

(Address) Seaford 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 Oakwood DATE OF BURIAL 1/27 1929

20. UNDERTAKER H. H. Welch ADDRESS Seaford Mo

All information should be stated EXACTLY as it appears on the original. Exact statement of CAUSE OF DEATH in plain terms, so that it

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