APR 30 1930

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

Do not use this space.
11524

1. PLACE OF DEATH
County Worth
Township Green
City Grant City (No. ..... St. ..... Ward)
Registration District No. 1037
Primary Registration District No. 6214
File No. 11
Registered No. .....

2. FULL NAME Allen Vaughn 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 M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		5	

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

9. BIRTHPLACE (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Leslie Carroll
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Beulah Simmons
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ravenwood
(STATE OR COUNTRY) Mo.

14. INFORMANT Leslie Carroll
(Address) Grant City Mo.

15. FILED April 10 1930 F. M. Sheek
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30-1930

17. I HEREBY CERTIFY, That I attended deceased from 3-29-30, to 3-30-1930, that I last saw him alive on 3-30-1930, and that death occurred, on the date stated above, at 5:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pre-mature Baby
Apart (7 mo)
159
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pre-mature
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Premature
(Signed) P. Ross, M. D
, 19 (Address) Grant 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 Isadorah Cem.
DATE OF BURIAL 3/31 1930

20. UNDERTAKER Arch C. Dunfee
ADDRESS Grant City Mo.