

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

Do not use this space.

12478

PLACE OF DEATH

County Jackson  
Township Blue  
City Independence (No. ....)

Registration District No. 396  
Primary Registration District No. 3019

File No. ....  
Registered No. 105  
St. .... Ward)

2. FULL NAME

Martha C. McCarroll  
(a) Residence. No. 1111 South Volant St. Wm. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Benton McCarroll

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-24-1850

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, .... hrs. or .... min.  
80 2 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) at home  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Trightown  
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Jacob Allee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mahoning Co.  
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Ratherine Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

14.

INFORMANT H. F. McCarroll  
(Address) 1007 N. Liberty, Indep.

15.

FILED 4-5 30 2X Cabt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1930

17. I HEREBY CERTIFY, That I attended deceased from May, 1929, to Apr 4, 1930 that I last saw him alive on Apr 4, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular Heart Disease

CONTRIBUTORY (SECONDARY) Eyophthalmic Glaucoma  
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED GOA  
NOT A PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF v

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) J. H. Nickerson, M. D.

Apr 5, 1930 (Address) Independence 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 Woodlawn Cem. DATE OF BURIAL 4-6 1930

20. UNDERTAKER Pat Mitchell ADDRESS Indep.

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.

MAY 26 1930

