

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

20287

1. PLACE OF DEATH  
 County Phelps Registration District No. 678  
 Township St James Primary Registration District No. 5904  
 City St. James, Mo. (No. .... St. .... Ward)

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

2. FULL NAME Manny James Carroll  
 (a) Residence. No. 2111 W. Home St. .... Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 4 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>9/10/1863</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>76</u>	<u>9</u>	<u>16</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>member Soldiers Home</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>

14. INFORMANT (C. V. Hall)  
 (Address) James Mo.

15. FILED 6-30-1930 Henry Walters  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 - 1930  
 17. I HEREBY CERTIFY That I attended deceased from Dec 1925, 19... to June 26, 1930 that I last saw her alive on June 26, 1930, and that death occurred, on the date stated above, at 1:30 p. m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute dilatation of heart  
92A  
95B (duration) 4 yrs. 4 mos. 4 ds.  
 CONTRIBUTORY arteriosclerosis  
 (SECONDARY) (duration) 4 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED 900  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS clinical  
 (Signed) William F. Breary, M. D.  
6/27/1930 (Address) St James 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 Soldiers Home Cemetery DATE OF BURIAL 6-27-1930

20. UNDERTAKER James and Ben Ayck ADDRESS St. James Mo

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.

