NOV 28 1930

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

Do not use this space.

35224

1. PLACE OF DEATH
County: Webster
Township: Washington
City: (No. St. Ward)
Registration District No.: 899
Primary Registration District No.: 1701 b
File No.:
Registered No.: 9

2. FULL NAME: Nancy Alice 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Jeff Carroll

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 13 1880

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	13	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co

PARENTS
10. NAME OF FATHER: G. W. Marlin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Webster Co Mo
12. MAIDEN NAME OF MOTHER: Elizabeth Gourley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa

14. INFORMANT: H. E. Marlin
(Address): Conway Mo

15. FILED: 11-8-1930 Jno. R. Whitson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/26 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-12-, 1930, to 10-26-, 1930 that I last saw her alive on 10-21-, 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
9 2 A
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)
(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?
(Signed) O. C. Burage, M. D.
11-7-, 1930 (Address) Conway, 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: Graham
DATE OF BURIAL: 10/27 1930

20. UNDERTAKER: W. E. Holman
ADDRESS: Conway Mo

Bentage

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.