

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

Do not use this space.

18610

1. PLACE OF DEATH

County Anderson Registration District No. 912
Township _____ Primary Registration District No. 4550
City Vandalia (No. _____) St. _____ Ward _____

2. FULL NAME

Myrtle Carroll
(a) Residence, No. AMYRTIE St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>C. B. Carroll</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 5 1871</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>6</u>
	DAYS <u>27</u>	If LESS than 1 day, _____hra. or _____min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>House Keeping</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>135</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>J. Y. Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth R. Robbs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Mr. Cheney</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Vandalia</u> DATE <u>June 23 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. S. Nates</u>		
20. FILED <u>6/22 1932</u> <u>Cume. H. H. Beck</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1932

22. I HEREBY CERTIFY That I attended deceased from April 3 1932 to June 22 1932
I last saw her alive on June 21 1932. Death is said to have occurred on the date stated above, at 1230 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer of uterus
4-8
1
Other contributory causes of importance _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. H. Bland, M. D.
(Address) Vandalia 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.

JUL 21 1932

