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.

JUL 23 1932

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

Do not use this space.

19846

File No. .....

Registered No. .....

1. PLACE OF DEATH

49 County Jasper Registration District No. 408

5 Township Marion Primary Registration District No. 3020

7 City Carthage (No. ....., ... St. ..... Ward)

2. FULL NAME Annie R. McCarroll

(a) Residence, No. 509 Highland St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. C. McCarroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Pickneyville Illinois

FATHER

13. NAME William S. Jennings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Pennsylvania

MOTHER

15. MAIDEN NAME Ellen Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pickneyville Illinois

17. INFORMANT (ADDRESS) Ruth McCarroll 509 Highland - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Park Cemetery DATE June 21, 1932

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage, Missouri

20. FILED 6/21, 1932 E. H. Hubbard Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to June 18, 1932

I last saw her alive on June 18th, 1932. Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

131

131

Date of onset

Other contributory causes of importance:

(3)

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

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? no

If so, specify .....

(Signed) Emery Gltory, D.O., M.D.

(Address) Carthage, Mo.