

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

Do not use this space.

32103

84

**1. PLACE OF DEATH**

46  
3  
4

County Hovell

Registration District No. 384

Township West Plains, Mo.

Primary Registration District No. 4777

**2. FULL NAME** Will Carroll

(a) Residence, No. 1001 St. 1001 Ward. 1001

(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 ma 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sadie Carroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 9 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Gasconade Co., Missouri

13. NAME Gas. Carroll

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

15. MAIDEN NAME Ruth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Co., Missouri

17. INFORMANT (ADDRESS) Mrs. Sadie Carroll West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage DATE 10/4-1932

19. UNDERTAKER (ADDRESS) McTaske West Plains, Mo.

20. FILED 10-10-1932 O. P. Herrick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/4-1932

22. I HEREBY CERTIFY, That I attended deceased from October 3 1932 to October 4, 1932 that saw h. in alive on October 4 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Chronic Nephritis 1931

Other contributory causes of importance: 131 131

Name of operation -nose Date of 10/4-1932  
What test confirmed diagnosis clinical 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 10/4-1932  
Where did injury occur? at home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1  
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Chronic Nephritis  
(Signed) O. P. Herrick M. D.  
(Address) West Plains, 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.

NOV 23 1932

OCCUPATION  
FATHER  
MOTHER

