

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

Do not use this space.

40079

5087

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Franklin Primary Registration District No. _____
City Kansas City (No. Emergency Hospital) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Robert Carroll
(a) Residence, No. 1742 Jefferson St. 3 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Kansas City Mo

FATHER 13. NAME Les O. Carroll

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

MOTHER 15. MAIDEN NAME Bernice Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

17. INFORMANT Mr Les Carroll
(ADDRESS) 1742 Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE Jan. 20 1932

19. UNDERTAKER A. P. Doehler
(ADDRESS) 1415 East 15

20. FILED 12/31 1932 M-M Crowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-31-32 1932, to 12-31- 1932

I last saw him alive on 12-31- 1932. Death is said to have occurred on the date stated above, at 11:45pm.

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

Bronchopneumonia
Primary
107A / 107A ①
Other contributory causes of importance:
Oper. to relieve Respiratory obstruction due to pnen

Date of onset

Name of operation Tracheotomy Date of 12-31-32
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) D. C. McKeever M. D.
(Address) St. Lukes Hosp. K.C. 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.

RECORD

