

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 781  
 Townshp. .... Primary Registration District No. 1003  
 City St. Louis (No. 3912 Fairfax)

File No. 24530  
 Registered No. 5912  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3912 Fairfax St., 11 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 - 1933</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>male</u>
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) <u>Elizabeth, Mo.</u>		
13. NAME <u>Elizah Carroll</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Eliza Ladder</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Eliza Carroll</u> (ADDRESS) <u>3912 Fairfax</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>July 7</u> 19 <u>33</u>		
19. UNDERTAKER <u>Burman - son</u> (ADDRESS) <u>2708 W. Ash St.</u>		
20. FILED <u>LL - 51553</u> 19 <u>33</u> <u>J. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1933

I HEREBY CERTIFY That I attended deceased from July 2, 1933, to July 3, 1933, last saw him alive on July 3, 1933. Death is said to have occurred on the day stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Misadventure in June 28  
1190  
1190

Other contributory causes of importance:  
denture

Name of operation ..... Date of .....  
 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 ..... 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 St. J. Lawrence M. D.  
 (Signed) J. Lawrence M. D.  
 (Address) 1711 N. 10th St.

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.

