

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

Do not use this space.

28731

1. PLACE OF DEATH

County Bates Registration District No. 50
 Township North Pleasant Primary Registration District No. 3004
 City Butler (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 57

2. FULL NAME

Mary H. Carroll
 (a) Residence, No. _____ St. _____ 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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grover Carroll

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1890

22. I HEREBY CERTIFY, That I attended deceased from Sept 19th, 1933, to Sept 26, 1933
 I last saw him alive on Sept 25, 1933. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 4 11

to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:

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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Pneumonia from unknown cause
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Missouri

Other contributory causes of importance: 129
129

13. NAME J. G. Walker

Name of operation none Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? Yes

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

15. MAIDEN NAME Belle Hazlett

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Kate Walker
 (ADDRESS) _____

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Sept 27 1933

19. UNDERTAKER Culver
 (ADDRESS) Butler, Mo

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

20. FILED Sept 27, 1933 Anna L. Culver
 Registrar.

WRITE PLAIN 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.

OCT 20 1933

255

1 2 2

