

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

Do not use this space.

32049

1. PLACE OF DEATH

County Wright Registration District No. 907
 Township Pleasant Valley Primary Registration District No. 6220
 City Manfield (No.) St. Ward

File No.

Registered No. 11

2. FULL NAME

(a) Residence, No. Edwards mo St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 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 Famina Carroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 3 17

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

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) Crestville Ohio

13. NAME George Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crestville Ohio

15. MAIDEN NAME

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

17. INFORMANT Famina Carroll (ADDRESS) Edwards mo

18. BURIAL, CREMATION, OR REMOVAL PLACE County Fair Camp DATE Sept 7 1933

19. UNDERTAKER (ADDRESS) W.A. Steffe Manfield mo

20. FILED Sept 7 1933 J.H. Fuson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 6 P. m.

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

Probably Chronic nephritis. This man died without medical attention but had suffered with kidney trouble for several years.

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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?

If so, specify
 (Signed) W.A. Steffe (Address) Manfield 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 20 1933

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