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

Do not use this space.

81

1. PLACE OF DEATH
County: Barry
Township: Sugar Creek
City: Seligman (No. ..... St. ..... Ward)

Registration District No. 36
Primary Registration District No. 5052

File No.
Registered No. 3.

2. FULL NAME: Sarah Adaline Carrol

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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: W. D. Carrol

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 13 1855

7. AGE: YEARS 78 | MONTHS 1 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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

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

FATHER
13. NAME: Robbins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Lavina Waldon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): W. D. Banks; Pittsburg Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Salem DATE: Jan 24. 1934

19. UNDERTAKER (ADDRESS): Horne & Culver

20. FILED: Jan 24, 1934 S. R. Osborne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 20th, 1934, to January 23rd, 1934. I last saw her alive on January 23rd, 1934. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke of Paralysis	

Other contributory causes of importance:
Valvular lesion of the heart (Mitral regurgitation).

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? —

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 —
(Signed) G. N. Thurme, M. D.
(Address) Seligman, 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.