

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

Do not use this space.

10295

1. PLACE OF DEATH

County St. Louis
Township Meramec
City (No.) St. Ward)

Registration District No. 785 701
Primary Registration District No. 6032

File No.
Registered No.

2. FULL NAME

Charles Clinton Carroll

(a) Residence, No. Centaur, Mo. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-26-1930</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>	<u>1</u>	<u>27</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	11. Total time (years) spent in this occupation <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centaur, Mo.

13. NAME Wm J Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo.

15. MAIDEN NAME Alice Connor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo.

17. INFORMANT (ADDRESS) Wm J Carroll Centaur, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monarch, Mo. DATE Mar 15, 1934

19. UNDERTAKER (ADDRESS) Schradler Und. Co Ballwin, Mo.

20. FILED 19. D. J. O. F. J. K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-17-1934

22. I HEREBY CERTIFY, That I attended deceased from 2/2/34, 19....., to Mar 12/34, 19.....
I last saw him alive on Mar 12/34, 19..... Death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

Measles
Black Bunch
Solar Pneumonia

Date of onset: 7. 10. 12 E

Other contributory causes of importance: M

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?
If so, specify no
(Signed) Robert Terry, M. D.
(Address) Chattanooga, Tenn.

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.

APR 20 1934

APR 20

