

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

Do not use this space.

426

**1. PLACE OF DEATH**

County Buchanan Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Joseph (No. State Hospital #2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 15869  
Registered No. 623

**2. FULL NAME**

(a) Residence, No. Buchanan County, Kansas St. Ward. St. Joe  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1857  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 77 11 14

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) St. Joseph Mo

13. NAME Nathaniel Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Unknown

15. MAIDEN NAME Rachel Delaney

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

17. INFORMANT (ADDRESS) Records, State Hospital, St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital Cem DATE May 26, 1934

19. UNDERTAKER (ADDRESS) Walter Meierhoffer, 1302 Farnon St., St. Joseph, Mo

20. FILED MAY 20 1934 19 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1934, to 5/25, 1934. I last saw him alive on 5/24, 1934. Death is said to have occurred on the date stated above, at 7:00 a.m. The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
131 prior to 3/2/34  
936  
Other contributory causes of importance:  
Chronic Nephritis prior to 6/1/34

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? No  
If so, specify \_\_\_\_\_  
(Signed) W. Clayton Smith M. D.  
(Address) State Hosp #2, St. Joseph 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.

JUN 20 1934

