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 22 1935

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

Do not use this space.

9824

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township ~~Marion~~ — Primary Registration District No. 3079 — Registered No. 78
City Hannibal (No. 120 S 9th St. 3rd Ward)

64
8

2. FULL NAME Margaret Carroll
(a) Residence, No. 120 S 9th 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1st. 1908
7. AGE: YEARS 26 — MONTHS 6 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker
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) Hannibal Mo

FATHER
13. NAME Wm. P. Carroll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

MOTHER
15. MAIDEN NAME Nellie Conner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

17. INFORMANT (ADDRESS) Miss Margaret Carroll 2107 Hope St Hannibal Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem DATE 3/9/35 19
19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo
20. FILED Mch 13 1935 R. H. Ishster City Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7th 1935
22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935, to March 7, 1935
I last saw her alive on March 7, 1935. Death is said to have occurred on the date stated above, at 3:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1935
23	
Other contributory causes of importance: Tubulatory Failure	3-6-35

Name of operation Nine Spoken Date of —
What test confirmed diagnosis? X ray 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) Amard B. Goodrich, M. D.
(Address) Hannibal, Mo