Dr. Simmons

APR 22 1935

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

Do not use this space.

10003

File No.

Registered No.

1. PLACE OF DEATH
County Newton
Township Van Buren
City ~~Pierce City R 7 Dist~~ No. , St. Ward)

Registration District No. 612
Primary Registration District No. 5814

2. FULL NAME Carroll L. Tollett
(a) Residence, No. R. F. D. # 2 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 male
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~~ Sarah Ann Tollett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17, 1856

7. AGE YEARS 78 MONTHS 4 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) Washington County, Arkansas.

FATHER
13. NAME Roland Carroll Tollett,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Arkansas.

MOTHER
15. MAIDEN NAME Jane Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Arkansas.

17. INFORMANT (ADDRESS) Mrs. Mable Jasumback, Pierce City, Mo. Route 2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Black Fox, Camp DATE March 10 1935

19. UNDERTAKER (ADDRESS) Sarc Glen C. Cale Sarcoxie, Mo.

20. FILED 3-12 1935 Grace Hudson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935, to March 10, 1935
I last saw him alive on March 9, 1935. Death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 3/6/35

94 a

Other contributory causes of importance:
Arteria - sclerosis

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Wm Simmons, M. D.
(Address) Sarcoxie, Mo.

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

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.

222