

FEB 19 1936

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

Do not use this space.

978

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
Township Campbell South Primary Registration District No. 5440 Registered No. 20
City Springfield (No. U.S. Medical Center Hosp St. _____ Ward)

2. FULL NAME CARROLL, James

(a) Residence, No. _____ St., _____ Ward. Portland, Oregon
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. 28 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) Single | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1882 | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | 53 | 6 | 1 | |
| OCCUPATION | 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. labor | | | |
| | 10. Date deceased last worked at this occupation (month and year) Unknown | | | |
| 11. Total time (years) spent in this occupation | | | | |
| 12. BIRTHPLACE (CITY OR TOWN), Springfield, Ill. (STATE OR COUNTRY) | | | | |
| FATHER | 13. NAME Michael Carroll | | | |
| | 14. BIRTHPLACE (CITY OR TOWN), Ireland (STATE OR COUNTRY) | | | |
| MOTHER | 15. MAIDEN NAME Mary Ryan | | | |
| | 16. BIRTHPLACE (CITY OR TOWN), U. S. (STATE OR COUNTRY) | | | |
| 17. INFORMANT deceased (ADDRESS) | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE Jan. 8 188 | | | | |
| 19. UNDERTAKER Alma Lohmeyer Funeral Home (ADDRESS) Springfield, Missouri | | | | |
| 20. FILED 1-8- 19 36 Ralph W Langston Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 8, 1936** .19

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 10**, 19**35**, to **Jan. 8, 1936**, 19____
I last saw him alive on **Jan. 8, 1936**, 19____ Death is said to have occurred on the date stated above, at **7:15A. m.**
The principal cause of death and related causes of importance were as follows:
Hypernephroma with metastasis to lungs, liver and pancreas and spinal cord.
- malignant -
Other contributory causes of importance:
Lobar pneumonia, bilateral

| | |
|---------------|--|
| Date of onset | |
|---------------|--|

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

23. If death was due to external cause (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) **L. E. Burney** P. A. Surgeon, M. D.
Clinical Director, US Hosp for DD
Springfield, 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.

