Dr. Sullivan

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

Do not use this space.

12157

MAR 27 1936

1. PLACE OF DEATH
County St Clair
Township Osceola
City Osceola (No. ..... St. ..... Ward)

Registration District No. 765
Primary Registration District No. 6266

File No. .....
Registered No. 11

2. FULL NAME Phoebe E. Carroll.

(a) Residence, No. Osceola 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 43 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF W. H. Carroll.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15-1847

7. AGE: Years 88 | Months 7 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Solomon.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Lorinda Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT James Carroll
(ADDRESS) Osceola Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Mound DATE 3-27 1936

19. UNDERTAKER Wilkinson Funeral Home
(ADDRESS) Clinton Mo

20. FILED 4/1 1936 R. Seevers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to March 27, 1936.
I last saw her alive on March 26, 1936. Death is said to have occurred on the date stated above, at ..... a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Influenza complicated	
Bronchial Pneumonia	

Other contributory causes of importance:
Chronic Gastritis
Acute Nephritis
Cystitis

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 .....
(Signed) E. M. Sullivan, M. D.
(Address) Osceola

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.