

MAY 19 1936

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

Do not use this space.

14383

## 1. PLACE OF DEATH

County *Cape Girardeau* Registration District No. *121*Township *"* Primary Registration District No. *3009*City *CAPE GIRARDEAU* (No. *St. Francis Hosp.*)

File No. ....

Registered No. *133*

St. .... Ward)

2. FULL NAME, *Mrs Agnes Carroll*(a) Residence, No. *Mathews 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 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) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wilton Carroll*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Don't know*7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. *about 31*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*13. NAME *Don't know*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*15. MAIDEN NAME *Don't know*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*17. INFORMANT *St. Francis Hospital* (ADDRESS) *Cape Girardeau Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *New Madrid Mo.* DATE *Apr 25 1936*19. UNDERTAKER *Richard Urd, 600 -* (ADDRESS) *New Madrid Mo.*20. FILED *4-23-36 J.M. Registrar*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/23*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from

, 19*36*, to *4/23*, 19*36*.I last saw her alive on *4/23*, 19*36*. Death is saidto have occurred on the date stated above, at *4:52 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

~~Nephritis~~  
~~Chancera~~  
~~Puerperal~~

Other contributory causes of importance:

Name of operation *NO* Date ofWhat test confirmed diagnosis *SKINE* 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

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) *at Smith*, M. D.(Address) *Cape Girardeau*

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.

