

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.

H. R. Kern

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

Do not use this space.

MAY 20 1936

14814

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township

Primary Registration District No. 2001

City Springfield

(No. 1131, W. Nichols)

File No.

Registered No. 344

St. Ward

2. FULL NAME

Sarah Catherine Carroll

(a) Residence, No. 1131 W. Nichols St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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

George R Carroll

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

Nov 26 1899

7. AGE

YEARS

36

MONTHS

4

DAYS

18

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Mother

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)

Unknown  
Alabama

13. NAME

Berry King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown  
Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown  
Unknown

17. INFORMANT (ADDRESS)

George R Carroll  
1131 W Nichols

18. BURIAL, CREMATION, OR REMOVAL

PLACE Franklins DATE April 15 1936

19. UNDERTAKER (ADDRESS)

F. C. Thiers  
1100 Boonville Ave

20. FILED

H-15-1936 Ralph W Kaugerton  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1936

22. HEREBY CERTIFY, That I attended deceased from April 11 1936 to April 14 1936

I last saw h. alive on April 14 1936 Death is said to have occurred on the date stated above, at 7:45 Pm

The principal cause of death and related causes of importance were as follows:  
Influenza  
118

Date of onset  
4-8-36

Other contributory causes of importance:  
Senility

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? NO

If so, specify

(Signed) W. R. Hadden M. D.

(Address) Springfield Mo.

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