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.

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

MAY 19 1936

Do not use this space.

15381

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. (No. 319 East 9th St. Ward)
Registration District No. 399
Primary Registration District No. 100V
File No.
Registered No. 2099

2. FULL NAME William M. Carroll
(a) Residence, No. Jacksonville, Ill. 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: Ma
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: None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 1869
7. AGE: YEARS 66 MONTHS 6 DAYS X If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Theatrical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. agent,
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) Carrollton Ill.

FATHER
13. NAME Michael H. Carroll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER
15. MAIDEN NAME Annie Murvany
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) John M. Carroll Jacksonville Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE Jacksonville Ill. DATE 4-24, 1936
19. UNDERTAKER (ADDRESS) H. Tiguman & Son K.C. Mo.
20. FILED Apr. 21, 1936 N. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20/36 19
22. I HEREBY CERTIFY That I attended deceased from Apr 19, 19..., to ..., 19...
I last saw h..... alive on ..., 19..... Death is said to have occurred on the date stated above at 11 o'p m.
The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Chronic fibrous myocarditis
Acute pulmonary edema
Date of onset
Other contributory causes of importance:
No 93C
Name of operation Autopsy 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) [signature], M. D.
(Address) [signature]