

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

Do not use this space.

JUN 6 1936

791

21192

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.)

St.

Ward.....

File No.....

Registered No.....

St.

Ward.....

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St.

Ward.....

(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

Male

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

Theresa Carroll

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

April 27 1874

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,hrs. ormin.

62

0

24

OCCUPATION

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

Hotel Manager

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)

England

FATHER

13. NAME

Martin Carroll

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

Ireland

MOTHER

15. MAIDEN NAME

Unknown

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

Ireland

17. INFORMANT (ADDRESS)

*Theresa Carroll
3856 Delmar Pl*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Walton

DATE

5-25

1936

19. UNDERTAKER (ADDRESS)

*Arthur W. Doreilly, 460
3840 Grand Blvd*

20. FILE

MAY 22 1936

*J. T. Bredeck
Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

May 21 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 2 1933, to May 21 1936

I last saw him alive on *May 21 1936* Death is said

to have occurred on the date stated above, at *10^a* m.

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

*Cancer of stomach
metastases to
prostate & bladder*

Date of onset
Jan 1933

Other contributory causes of importance:

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) *Frank R. Pringas*, M. D.

(Address) *3701 Westminster Pl*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

3705 W