

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

Do not use this space.

229624

AUG 31 1936

1. PLACE OF DEATH

County Vernon

Registration District No. 875

Township

Primary Registration District No. 3029

City Neveda (No.)

St. Ward)

File No.

Registered No. 1216

2. FULL NAME

Greaves Corroll

(a) Residence, No. 1230 N. Lee St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 0 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Emporia Kansas

FATHER 13. NAME Frank Corroll

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

MOTHER 15. MAIDEN NAME Ruby White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Cloud Kansas

17. INFORMANT (ADDRESS) Henry Waller Nevada

18. BURIAL, CREMATION, OR REMOVAL Moore Cemetery DATE July 28 1936

19. UNDERTAKER (ADDRESS) Terry Funeral Home Nevada Mo

20. FILED 7-28-36 1936 M. C. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7/26 to 7/26

I last saw him alive on 7/26 1936. Death is said

to have occurred on the date stated above, at 12 m.

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

Acute Myo Carditis

Date of onset

Other contributory causes of importance:

Bad teeth + Heat

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) H. M. G. M. G., M. D.

(Address) Nevada Mo.

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.

