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.

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

OCT 21 1936

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

Do not use this space.

34102

1. PLACE OF DEATH
County Iaaconade — Registration District No. 305 — File No.
Township Cansan — Primary Registration District No. 5422 — Registered No. 24.
City Owensville (No. , St. Ward)

2. FULL NAME Jesse Robert Carroll.

(a) Residence (Usual place of abode) No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF ~~(OR) WIFE OF~~ Nora Carroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1893

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	2	15	

OCCUPATION

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

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) Smithville, Arkansas

FATHER

13. NAME Cy Robert Carroll.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Old Bland, Missouri.

MOTHER

15. MAIDEN NAME Mary Ann Judgenamyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

17. INFORMANT George Carroll. (ADDRESS) Owensville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Liberty Cemetery DATE Sept. 28 1936

19. UNDERTAKER H. I. Gatlin & Sister (ADDRESS) Owensville Missouri.

20. FILED Oct. 6, 1936. J. J. Farrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 26. 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 36 to Sept. 26, 1936

I last saw h alive on Sept. 26 1936 Death is said to have occurred on the date stated above, at 6:00 a. m.

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

	Date of onset
Not Known - Probably some organic heart disease	

Other contributory causes of importance: 65 yrs

Name of operation Date of

What test confirmed diagnosis? Sudden death 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 , 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) J. J. Farrell, M. D.

(Address) Owensville, Mo.