

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.

NOV 20 1936

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

Do not use this space.

36815

1. PLACE OF DEATH

County Buonaman Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No. 817 S. 20th)

File No. _____
 Registered No. 1344
 St. _____ Ward _____

2. FULL NAME

Mrs. FANNIE CARROLL
 (a) Residence, No. 817 S. 20th 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 FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Carroll
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 26, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 8 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) (NEAR) EASTON, Mo.

MOTHER FATHER 13. NAME FRANKLIN ANDERSON

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

15. MAIDEN NAME NANCY EVANS

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

17. INFORMANT MR. LESTER CARROLL
 (ADDRESS) 817 S. 20th St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE FREEMAN CHAPEL DATE Oct 26th 1936

19. UNDERTAKER FLEEMAN AND SON INC.
 (ADDRESS) St. Joseph, Mo.

20. FILED 10-26-36 St. Joseph, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8th 1935 to Oct 24 1936

I last saw her alive on Oct 23 1936 Death is said to have occurred on the date stated above, at 8:30 P. M.

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

Chronic Endocarditis. Date of onset _____
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 Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? st. 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? no

If so, specify _____
 (Signed) D. W. ...
 (Address) 209-10th Street, St. Joseph, Mo.

