

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

Do not use this space.

**APR 19 1937**

**1. PLACE OF DEATH**

County Jackson  
Township Cassan  
City Owensville (No. 1)

Registration District No. 303  
Primary Registration District No. 4184

File No. 11853  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Eva Carroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-30-1898

7. AGE YEARS 58 MONTHS 8 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Old Bland (STATE OR COUNTRY) Mo

13. NAME Cy Robert Carroll

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

15. MAIDEN NAME Mary Ann Jurgensmeyer

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

17. INFORMANT Clark Carroll (ADDRESS) Owensville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Owensville, Mo. DATE Mar. 15, 1937

19. UNDERTAKER W.F. Gettins (ADDRESS) Owensville Mo

20. FILED 3-22, 19 37. J. A. Carroll Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 19 37

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to March 12, 1937. I last saw him alive on March 11, 1937. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Tuber dorsalis Date of onset 24m

Other contributory causes of importance:

apoplexy

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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) J. A. Carroll M.D.

(Address) Owensville, Mo.

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.

