

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.

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howell
 Township Benton
 City South Fork (No.)

Registration District No. 386
 Primary Registration District No. 5537

File No. 12099
 Registered No. 11
 St. Ward)

2. FULL NAME Wm. George Carroll

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred 35 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 m 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4-1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>35</u>		<u>11</u>	<u>23</u>	

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

FATHER 13. NAME W. M. CARROLL

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co., Mo

MOTHER 15. MAIDEN NAME Carroll

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co., Mo

17. INFORMANT (ADDRESS) South Fork, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Burial DATE 3-24-37

19. UNDERTAKER (ADDRESS) Wm. ... Mo

20. FILED 4-10 1937 Fannie B. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1937, to April 3, 1937

I last saw him alive on Mar - 15, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Fatty degeneration of heart - 6 mos

Other contributory causes of importance: a3c

Name of operation None Date of
 What test confirmed diagnosis? Clinical. 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. D. Gunn, M. D.
 (Address) West Plains, Mo

