

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

51 County Phelps
9 Township
2 City St James (No)

Registration District No. 678
Primary Registration District No. 4404

File No. 17261
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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.

Mary L Carroll

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W - Carroll

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-26-1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) 3-3-37 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

13. NAME Leri Hanes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

15. MAIDEN NAME Caroline Holt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

17. INFORMANT (ADDRESS) Logan Hanes St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dawson Cem DATE 5-3-37

19. UNDERTAKER (ADDRESS) W E Krichler St James Mo

20. FILED 5-13-1937 Mrs. W. D. Houk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to May 2 1937
I last saw him alive on May 1 1937 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

Thromboly Emboli
Chronic Myocarditis 1935
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chrom Was there an autopsy? Yes

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) William St. Brewer, M. D.
St James Mo (Address)

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.

