JUL 29 1937

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

Do not use this space.

24019

1. PLACE OF DEATH
County Jasper — Registration District No. 417 — File No.
Township — Primary Registration District No. 3021 — Registered No. 61
City Webb City (No. 212 N. JEFFERSON. 1 St. Ward)

2. FULL NAME Donald D. Carroll — DONALD D. CARROLL
(a) Residence, No. 212 N. Jefferson 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. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Carroll
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1898
7. AGE 172 YEARS 38 MONTHS 11 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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) Carthage Mo.

FATHER
13. NAME Earl A. Carroll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo

MOTHER
15. MAIDEN NAME Laura Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Mo

17. INFORMANT (ADDRESS) Mrs John Hill Webb City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE M.T. Hope DATE 6-8-37
19. UNDERTAKER (ADDRESS) Hurlburt Und Co Joplin Mo
20. FILED JUNE 8, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1937
22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to June 6, 1937
I last saw him alive on June 6, 1937. Death is said to have occurred on the date stated above, at 5-35 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nephritis	

Other contributory causes of importance: 11B

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 3

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) M. S. Slaughter M.D.
(Address) 205 W. Broadway Webb City 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.

Parent of Craig Hill

Slaughter

X9314