

NOV 16 1937

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

Do not use this space.
37463

1. PLACE OF DEATH

County: Clinton Registration District No. 207
Township: _____ Primary Registration District No. #125
City: Plattsburg (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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1852

7. AGE YEARS 85 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME John D. McCarroll

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

15. MAIDEN NAME Elizabeth Duvall

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

17. INFORMANT John D. McCarroll
(ADDRESS) 1st Paul

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravelawn DATE Aug 10, 1937

19. UNDERTAKER (ADDRESS) J. M. ...

20. FILED 8/9 1937 C. W. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1937 to Aug 8th, 1937
I last saw him alive on Aug 7th, 1937. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Arteriosclerosis
57
Other contributory causes of importance: Single Emphysema 1934
Arterio Sclerosis
Myocardial weakness

Name of operation _____ 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) E. B. Dunderberg, M. D.
(Address) 2 Fathrop Ave.

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.

25
4
2

2

3
2
2

