

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15991
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County **Scott**
(b) Township
(c) City **Sikeston**
(e) Length of residence in city or town where death occurred **66** yrs. mos. ds.

Registration District No. **821**
Primary Registration District No. **4553**

Registered No. _____

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **William Livingston Carroll**

(a) Residence, No. **Sikeston, Missouri** St.

(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 **Susan Mary Carroll**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 4, 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 81 9 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Farmer**
9. Industry or business in which work was done, as 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) **Indianapolis Indiana**

FATHER 13. NAME **Matthew Carroll**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Anna Burns**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Marvin Carroll Sikeston, Missouri**

18. BURIAL, CREMATION OR ~~SEWAGE~~ PLACE **Sikeston Missouri** DATE **April 27, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **H. J. Welsh Sikeston, Missouri**

20. FILED **5-7 1938** **W. J. P. [Signature]** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 26, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **M.V.** 19 **37** April **26**, 19**38**

I last saw him alive on **April 18**, 19**38** Death is said to have occurred on the date stated above, at **9A** m.

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

Cerebral Hemorrhage
Cerebral Arterio Sclerosis

Other contributory causes of importance:

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? _____
If so, specify **W. J. P. [Signature]** M. D.
(Signed) **Sikeston 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.

STATEMENT BY LICENSED EMBALMER

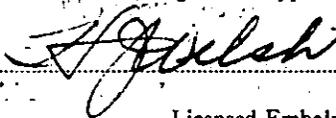
I, J. H. J. Welsh, Licensed Embalmer No. 774

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harvey S. Johnson

L. E. 3704

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 774

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)