

REC'D APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH10898
Do not use this space.

1. PLACE OF DEATH

(a) County OKMUNDY Registration District No. 328
 (b) Township _____ Primary Registration District No. 3017 Registered No. _____
 (c) City TRENTON (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred - yrs. - mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

F. J. CARROLL
 (a) Residence, No. 509 - West 15th Street St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Katherine Carroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 10 39

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) Feb. 1939 11. Total time (years) spent in this occupation 70 yrs

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Gard Shaw
Trenton, Mo. Route #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Trenton, Mo. DATE 2-10-39

19. FUNERAL DIRECTOR (ADDRESS) Raymond C. Harris
Trenton, Mo.

20. FILED 2-10-39 Gene B. Saw Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8th 1939

I HEREBY CERTIFY That I attended deceased from Jan 15, 1939 to Feb 8, 1939

I first saw him alive on Jan 15, 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Hypertension
Myocardial Infarction

Date of onset

Other contributory causes of importance: 92H

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Gene B. Saw M. D.

300 (Address) Trenton, Mo.

RECEIVED

District Health Officer No. 11,

District File Number 89-164

Date Filed MAR 24 1939

STATEMENT BY LICENSED EMBALMER

I, Raymond A. Davis, Licensed Embalmer No. 3424

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Raymond A. Davis
Licensed Embalmer No. 3424

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.)

MAY - 8 1932