

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

29944  
Do not use this space.

REC'D SEP 19 1939

1. PLACE OF DEATH *Phelps* 2  
(a) County *Phelps* 1 Registration District No. *678*  
(b) Township *W. Meramec* Primary Registration District No. *5906*  
(c) City or ..... (d) Street No. .... St.  
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Martha J. Carroll*  
(a) Residence, No. .... 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 *Female* 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 *John B. Carroll*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-1-1863*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*76*      *1*      *1*  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *House wife*  
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) *1-1-39* 11. Total time (years) spent in this occupation *45-7*  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Phelps co mo*  
13. NAME *Issac Cook* 1  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky* 1  
15. MAIDEN NAME *Nancy Coffey*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*  
17. INFORMANT (ADDRESS) *J. B. Carroll*  
*St James mo*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Mason* DATE *8-4* 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. H. Rehlender*  
*St James mo*  
20. FILED *9-7-* 1939 *Elvie B. New* 681  
*Local Registrar.*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-2* 1939  
22. I HEREBY CERTIFY, That I attended deceased from *7-1-* 1939, to *8-2-* 1939  
I last saw h. or alive on *8-1-* 1939. Death is said to have occurred on the date stated above, at *7:40 a.m.*  
The principal cause of death and related causes of importance were as follows:  
*Chronic dysentery (type undetermined)*  
*Semility*  
Date of onset  
*120*  
Other contributory causes of importance:  
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 .....  
24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) *E. G. Zand* M. D.  
(Address) *Rolla, mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

RECEIVED

working under my personal supervision  
District Health Officer No. 5,

District File Number... 939185

Date Filed... 9/13/9

Signed *Orce E. L. Klotz*

Licensed Embalmer No. 3544

P. O. Address... *St. Jemmy?*

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.)

If this body is not embalmed, above space should be left blank.