JUN 1 1927

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

Do not use this space.

12812

1. PLACE OF DEATH
County of St. Louis — Registration District No. 788 — File No.
Township — Primary Registration District No. 4471 — Registered No. 30
City Webster Groves (No. 440 Lockwood Av St. Ward)

2. FULL NAME Nannie Carroll
(a) Residence. No. 440 Lockwood a 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 17 – 1843

7. AGE: Years 84 | Months 1 | Days | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

PARENTS
10. NAME OF FATHER: John Carroll
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary Flannen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Robert Hoolan
(Address) 440 Lockwood a

15. FILED 4-19 1927 Arthur W. Westrup, Registrar
per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 17 1927

17. I HEREBY CERTIFY, That I attended deceased from ___, 1925, to April 17, 1927 that I last saw her alive on Apr 17 – 27, 19__, and that death occurred, on the date stated above, at 9:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. interstitial nephritis
129a
(duration) 4 or 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
131
97
(duration) 4 or 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
O DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) H. A. Gaddrich, M.D.
, 19 (Address) Webster Groves

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery — DATE OF BURIAL: Apr 20 1927

20. UNDERTAKER: Cullinane Bros — ADDRESS: 1710 N. Grand Bl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1°/ E. Lockwood Ca