MAY 25 1929

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

Do not use this space.

14379

1. PLACE OF DEATH

County: Greene — Registration District No. 318 — File No.

Township: — Primary Registration District No. 2001 — Registered No. 297

City: Springfield Mo. (No. Springfield Hospital St. Ward)

2. FULL NAME Mrs. Muriel Ruth Carroll

(a) Residence. No. Louisburg Mo. — 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. H. Carroll

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 27, 1898

7. AGE: 30 Years — Months: 5 — Days: 6 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Goodson, Mo

PARENTS
10. NAME OF FATHER: Henry Huskaby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Huskaby, Mo
12. MAIDEN NAME OF MOTHER: Iva C. Wryer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Urbana, Mo

14. INFORMANT: Henry Huskaby
(Address): Goodson, Mo.

15. FILED 4-18, 1929 — Jon Sharp, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1929, to Apr 3, 1929, that I last saw her alive on Apr 3, 1929, and that death occurred, on the date stated above, at 11:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Death ruptured appendix
General Peritonitis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 2. 1929
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) James E. Dewey, M. D.
4.3, 1929 (Address)

*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: Hopewell, Mo. — DATE OF BURIAL: Apr 4, 1929

20. UNDERTAKER: Hutcheson — Blue — ADDRESS: Bolivar, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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