

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

Do not use this space.

22023

1. PLACE OF DEATH

County Scott
Township Wells
City (No. _____) _____ St. _____ Ward _____

Registration District No. 816
Primary Registration District No. 6065

File No. _____
Registered No. 8

2. FULL NAME

Ralph Raymond Carroll

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, 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) Chaffee Mo. U.S.A.

13. NAME Tony Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott, Mo.

15. MAIDEN NAME de Eshhart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott, Mo.

17. INFORMANT Tony Carroll
(ADDRESS) Chaffee Mo.

18. BURIAL, CREMATION, OR REMOVAL Wells, Mo. DATE June 3 1935

19. UNDERTAKER George Eshhart
(ADDRESS) Chaffee Mo.

20. FILED June 3 1935 L. B. Sample
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2 1935, to June 2 1935
I last saw him alive on June 2 1935 Death is said to have occurred on the date stated above, at 4:40 p.m. 4:40
The principal cause of death, and related causes of importance were as follows:

Convulsions of unknown cause
Date of onset 6-1-35
Other contributory causes of importance: Poor sanitary conditions

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? _____
If so, specify _____
(Signed) L. B. Sample, M. D.
(Address) Chaffee Mo.

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.

JUL 22 1935

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