

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

Do not use this space.

**24054**

**1. PLACE OF DEATH**

County Phelps Registration District No. 677  
 Township Royal Primary Registration District No. 4403  
 City Royal (No. Royal Hospital)

File No. \_\_\_\_\_  
 Registered No. 68 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Dorothy Ann Carroll

(a) Residence, No. Royal, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1933  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
 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) Royal Mo.

13. NAME Honore B. Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willow Mo.

15. MAIDEN NAME Christine Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hennepin Colo.

17. INFORMANT D. S. Carroll (ADDRESS) Royal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Royal Cem. DATE July 25 1933

19. UNDERTAKER Full & Son (ADDRESS) Royal, Mo.

20. FILED July 25 1933 Jos. F. Ayres Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1933

22. I HEREBY CERTIFY, that I attended deceased from July 15 1933 to July 29 1933  
 I last saw her alive on July 24 1933 Death is said to have occurred on the date stated above, at 9 a.m.

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

Premature labor.

Date of onset

159  
 159  
 Other contributory causes of importance: \_\_\_\_\_  
 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) Robert McFarland, M. D.  
 (Address) Royal, 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.

THIS IS A PERMANENT RECORD

