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 17 1934

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

Do not use this space.

20387

1. PLACE OF DEATH Jackson
County Kaw Registration District No. 399 File No. 2551
Township Kaw Primary Registration District No. 1002 Registered No.
City K. C. Mo No. General Hospital 2, St. Ward)

2. FULL NAME Chas. Carroll
(a) Residence, No. 715 Independence ave. 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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know
7. AGE Years about 45 Months Days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't Know
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) Don't Know

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Record Clerk General Hospital #2
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 6-9/34
19. UNDERTAKER (ADDRESS) West, Appleton & Jones K. C. Mo.
20. FILED 6-9, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1934
22. I HEREBY CERTIFY, that I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Mased wound of the Abdomen Peritoneal Hemorrhage
Date of onset
Other contributory causes of importance:
no 174
Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 6/2/34
Where did injury occur? 15 Mdge Ave. Kansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Act in Abdomen
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ....., M. D.
(Address)