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.

JUL 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Pulaski — Registration District No. 716 — File No. 21523
Township Tavern — Primary Registration District No. 5945 — Registered No. 11
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Richard Carroll
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1934

7. AGE — YEARS 1 — MONTHS ✓ — DAYS ✓ — If LESS than 1 day, 10 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co Mo

FATHER
13. NAME Benjamin H. Carroll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.

MOTHER
15. MAIDEN NAME Opal E. Atwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo.

17. INFORMANT (ADDRESS) B. H. Carroll, Crocker Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellamy Cemetery DATE June 21 1934

19. UNDERTAKER (ADDRESS) William Singleton, Crocker Mo.

20. FILED June 21 1931 W. J. Sell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20 1934 to June 20, 1934
I last saw him alive on June 30, 1934. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (Six months)	6/20/34
159	

Other contributory causes of importance: None

159

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? No
If so, specify
(Signed) W. J. Sell, M. D.
(Address) Crocker Mo