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

Do not use this space.

REC'D MAY 10 1939

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1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No. 15809
Township St James — Primary Registration District No. 5904 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME 640 Edith Carrol
(a) Residence, No. St James St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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): wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-10-1899

7. AGE: YEARS 40 — MONTHS 1 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): 1-1-1939
11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iron Mountain Mo 0

FATHER
13. NAME: Dont Know 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know 9

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Rosamine Hally St James Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dawson Cem DATE 4-17, 1939

19. UNDERTAKER (ADDRESS): W E Lichlider St James Mo

20. FILED 5-1-, 1939 Elsie B. Houk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-17, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938, to April 17, 1939
I last saw her alive on April 10, 1939 Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	1937

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) William H Brewer, M. D.
(Address) 688

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.

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

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