

MARGIN RESERVED FOR BINDING WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD Read Instructions on Back VITAL STATISTICS

1. FULL NAME THOMAS F. CARROLL
2. PLACE OF DEATH: (A) COUNTY Los Angeles (B) CITY OR TOWN Los Angeles (C) NAME OF HOSPITAL OR INSTITUTION Los Angeles County General Hospital
3. USUAL RESIDENCE OF DECEASED: (A) STATE California (B) COUNTY Los Angeles (C) CITY OR TOWN South Gate (D) STREET NO 10601 Rosewood Avenue
20. DATE OF DEATH: MONTH May DAY 22 YEAR 1944 HOUR 4 MINUTE 35 PM
3. (E) IF VETERAN, NAME OF WAR No 3. (F) SOCIAL SECURITY NO None
4. SEX Male 5. COLOR OR RACE Cauc 6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED Married
6. (B) NAME OF HUSBAND OR WIFE Irene Carroll 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE 67 YEARS
7. BIRTHDATE OF DECEASED October 23, 1867
8. AGE 76 YRS 6 MOS 29 DAYS
9. BIRTHPLACE Richison, Kansas
10. USUAL OCCUPATION Pressman (Retired)
11. INDUSTRY OR BUSINESS Newspaper
12. NAME Patrick Carroll
13. BIRTHPLACE unknown
14. MAIDEN NAME Anna Lynch
15. BIRTHPLACE unknown
16. (A) INFORMANT Mrs Irene Price (B) ADDRESS 10601 Rosewood Southgate
17. (A) Burial (B) DATE 5-25-44
18. (A) EMBALMER'S SIGNATURE E. T. Spencer LICENSE 679 (B) FUNERAL DIRECTOR J. F. MARCOUX SOUTH GATE MORTUARY INC. ADDRESS 8500 Long Beach Blvd BY E. T. Spencer
19. (A) MAY 24 1944 (B) REGISTRAR'S SIGNATURE

21. MEDICAL CERTIFICATE I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/1/44 TO 5/22/44 THAT I LAST SAW HIM IN ALIVE ON 5/22/44 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE. IMMEDIATE CAUSE OF DEATH Terminal Uræmia
22. CORONER'S CERTIFICATE I HEREBY CERTIFY THAT I HELD AN AUTOPSY, INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE.
DUE TO Chronic glomerular nephritis & Congestive HT Disease.
DUE TO Hypertensive Heart Disease.
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)
MAJOR FINDINGS: OF OPERATIONS
DATE OF OPERATION
OF AUTOPSY none
23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
(A) ACCIDENT, SUICIDE, OR HOMICIDE? (B) DATE OF INJURY
(C) WHERE DID INJURY OCCUR? CITY OR TOWN COUNTY STATE
(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? WHILE AT WORK? SPECIFY TYPE OF PLACE
(E) MEANS OF INJURY
24. PHYSICIAN'S SIGNATURE Kendall Van Dusen (SPECIFY WHICH) ADDRESS 1200 No. State St. DATE 5/23/44