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.

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

Do not use this space.

6021

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Christian Hos. 4511 Neur Steadsave Ward)

File No. .....

Registered No. 1147

2. FULL NAME Mattie Carlile

(a) Residence. No. Anna Ill St., 10 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: F.

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: Mr. B. C. Carlile

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 18, 1868

7. AGE: Years 58 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Seline City Ind.

PARENTS

10. NAME OF FATHER: ~~Ho. Carlina~~ Newton Mills

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): [illegible]lina

12. MAIDEN NAME OF [illegible]: [illegible]known

13. BIRTHPLACE OF [illegible] (STATE OR C[illegible]): [illegible]

14. INFORMANT [illegible] (Address) [illegible]

15. FILED [illegible] STRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 14th, 19.. Feb 1, 1927 that I last saw her alive on Feb 1, 1927 and that death occurred, on the date stated above, at 11.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Cancer of rectum

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 20-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John D. Hammond M. D

, 19 (Address) Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Anna Ill

DATE OF BURIAL: Feb. 3 1927

20. UNDERTAKER: Norries Und Co

ADDRESS: Anna Ill