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.

38685

File No.

Registered No. 11312

1. PLACE OF DEATH

County

Township

City St Louis (No. 3640 Flad Ave St. Ward)

Registration District No. 791

Primary Registration District No. 7002

2. FULL NAME Harold Carlisle

(a) Residence. No. St., 17 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: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Esther E Carlisle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1851

7. AGE: Abt 77 Years; Months: Unknown; Days; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Rancher

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

PARENTS

10. NAME OF FATHER: Thomas Carlisle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England

12. MAIDEN NAME OF MOTHER: Ellen Dodson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Ellen M McCormack
(Address) Mt Hope Kans

15. FILED NOV 21 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 19th 1928.

17. I HEREBY CERTIFY, That I attended deceased from November 1st, 1928, to November 19th, 1928 that I last saw her alive on November 19th, 1928, and that death occurred, on the date stated above, at 440 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage (apoplexy)

8 2 A

97 [illegible]

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Louis A. Brandenburger, M. D

11/20, 1928 (Address) 3922 Cleveland Ave.

*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: Calvary

DATE OF BURIAL: 11-21 1928

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash St