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

Do not use this space.

9886

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1152
Township Kaw — Primary Registration District No. 1007 — Registered No.
City Kansas City Mo. (No. Evangelical Hospital St. Ward)

2. FULL NAME Hattie Carlyle
(a) Residence. No. Timken Kansas St., Ward. Timken Kans
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Carlyle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 8-1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	2	1	

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

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

PARENTS
10. NAME OF FATHER: Thomas J. Sylva
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not known
12. MAIDEN NAME OF MOTHER: Mark O'Briene
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not Known

14. INFORMANT: Mrs Elmer Mourning
(Address) Lamar Colo

15. FILED 3/10, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1931, to Mar 9, 1931, that I last saw her alive on Mar, 19.., and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
15B
105A
Facial Erysipelas
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY): Edema of Lettis
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 2122 Edma
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab.
(Signed) Th. Elmer Hawkins M. D.
3/10, 1931 (Address) Kansas City Mo

*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: Larwood Kansas — DATE OF BURIAL: 3/10 1931

20. UNDERTAKER: John W Wagner — ADDRESS: Ohio

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.

Dr H. [illegible]

Lathrop Bldg

Ma. 2273

2:00 to 5.00