

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

Do not use this space.

1. PLACE OF DEATH

47 County Iron
Township Arcadia
City _____ (No. _____)

Registration District No. 391
Primary Registration District No. 5546a

16404
File No. _____
Registered No. 25
St. _____ Ward _____

2. FULL NAME

Mrs Mollie Carlyle
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 21 - 1849</u> | | |
| 7. AGE YEARS <u>84</u> | MONTHS <u>2</u> | DAYS <u>2</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u> | | |
| 10. Date deceased last worked at this occupation (month and year) _____ | | 11. Total time (years) spent in this occupation _____ |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 13. NAME <u>Matthew Walton</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 15. MAIDEN NAME <u>Sarah Henderson</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 17. INFORMANT <u>Martha M DeMars</u> (ADDRESS) <u>Benton mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Repl. Home</u> DATE <u>May 27 1933</u> | | |
| 19. UNDERTAKER <u>S. E. Bond</u> (ADDRESS) <u>Benton mo.</u> | | |
| 20. FILED <u>May 26 1933</u> <u>R. A. Rasche</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2 1933 to May 22 1933
I last saw her alive on May 22 1933 Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
apoplexy causing paralysis of left side of body
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Ch. Bannhouse, M. D.
(Address) Benton mo.

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.

JUN 24 1933

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P.M.S.
Died 10:30 May 23, 1933