

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.

FEB 27 1934

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

Do not use this space.

41121-2B

1. PLACE OF DEATH  
 County Ozark Registration District No. 750  
 Township Doniphan Primary Registration District No. 599-6451 File No. 12  
 City Doniphan (No.     ) Registered No. 1213 St.      Ward     

2. FULL NAME Elmore Carlyle

(a) Residence, No.      St.      Ward       
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 7 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha W. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-2-1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>91</u>	<u>1</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Methodist

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) Livingston Co, Mo

13. NAME Rev. W. Carlyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mo

15. MAIDEN NAME Mathews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Mr. Geo. G. Davis Doniphan, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chillicothe Mo DATE 12-31-33

19. UNDERTAKER (ADDRESS) Jordan Doniphan Mo

20. FILED 12-30-1933 E. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-1933

22. I HEREBY CERTIFY, That I attended deceased from 8 1/2 1933 to 12/30 1933  
 I last saw him alive on 12/30 1933 Death is said to have occurred on the date stated above, at 8:45 AM  
 The principal cause of death and related causes of importance were as follows:  
Senility  
Arterio Sclerosis  
97  
11  
97

Other contributory causes of importance     

Name of operation      Date of       
 What test confirmed diagnosis? Clinical Was there an autopsy?     

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) Clifford Johnson, M. D.  
 (Address) Doniphan Mo

