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.

MAR 24 1934

1. PLACE OF DEATH
County Caldwell — Registration District No. 99 — File No. 4137
Township Grant — Primary Registration District No. 3146 — Registered No.
City (No. St. Ward)

2. FULL NAME Mrs Mary A Carlile
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 46 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) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Carlile
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24-1862
7. AGE 71 YEARS 3 MONTHS 15 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
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) Ray County Mo.

FATHER
13. NAME Mary F. Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary F. Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Mo.

17. INFORMANT (ADDRESS) Mrs Verna Albright (Niece) Polo Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton DATE Feb 11 1934
19. UNDERTAKER (ADDRESS) Alsbaugh & Cowley Polo Mo
20. FILED Mar 9 1934 Mrs W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9, 1934

22. I HEREBY CERTIFY That I attended deceased from Sudden death, 19 Didn't attend her, 19
I last saw h never saw her alive alive on 19 Death is said to have occurred on the date stated above, at abt 4:30 A.m.
The principal cause of death and related causes of importance were as follows:
Crebral Hemorrhage — Date of onset Jan 9 1934
Other contributory causes of importance: Arteriosclerosis and Arthritis
Name of operation None Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) W. S. Shouse (Coroner) M.D.
(Address) Kingston Mo