

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

Do not use this space.

1. PLACE OF DEATH

County Bosch
Township Rocky Fork
City Hallsville Mo (No., St., Ward)

Registration District No. 74
Primary Registration District No. 5113

File No. 23215
Registered No. 20

2. FULL NAME Margaret Jane Carlis

(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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-21-1851</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>0</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Canada.</u>		
FATHER	13. NAME <u>John Chandler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mary Holmes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
17. INFORMANT (ADDRESS) <u>P. E. Carlis, Minneapolis, Kansas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Red Top Cem.</u> DATE <u>7-3-1934</u>		
19. UNDERTAKER (ADDRESS) <u>Chandler of McDonald, Hallsville, Mo</u>		
20. FILED <u>7-3-1934</u> <u>Mrs. F. L. Shucett</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1934 to July 1, 1934
I first saw her alive on June 15th, 1934. Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1930

Other contributory causes of importance: None

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? No.
If so, specify
(Signed) L. B. Lawrence, M. D.
(Address) Hallsville 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.

JUL 18 1934

