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.

JAN 8 1937

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

Do not use this space.

43797

1. PLACE OF DEATH
County BUCHANAN — Registration District No. 85 — File No.
Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 1489
City ST. JOSEPH, (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME SAMUEL S. CARLISLE
(a) Residence, No. 5015 WYANDOTTE, KANSAS CITY, MO St. Ward. Kansas City Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charlotte Carlisle MARRIED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 12, 1877

7. AGE: YEARS 58 — MONTHS 11 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GRAIN BUYER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ARCHER-DANIELS-MIDLAND GRAIN CO.
10. Date deceased last worked at this occupation (month and year) DECEMBER 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BATON ROUGE, LA

FATHER
13. NAME DAVE CARLISLE,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME MOLLIE LARIMORE,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) CHARLOTTE CARLISLE KANSAS CITY, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. LOUIS, MO. DATE DEC. 4. 1936, 19

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Dec 4, 1936 H J Mallebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 4, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1936, to Dec 4th, 1936
I last saw h. 1M alive on Dec 3, 1936. Death is said to have occurred on the date stated above, at 2:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12-2-36

Other contributory causes of importance:
Hypertension
Arteriosclerosis

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) Paul Fongrave, M. D.
(Address) St Joseph, Mo