

DEC 21 1937

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

Do not use this space.

41730

1. PLACE OF DEATH

County Lafayette
Township Olday
City Wellington (No. _____) St. _____ Ward _____

Registration District No. 466
Primary Registration District No. 46220

File No. _____
Registered No. 18

2. FULL NAME

Charles Troy 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. mos. 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 Edna Carlyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 7 6

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

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) Jan 9, 1937 11. Total time (years) spent in this occupation five

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Mo.

13. NAME Frank Carlyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Mo.

15. MAIDEN NAME Stella Kelso

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Mo.

17. INFORMANT Mrs. Edna Carlyle
(ADDRESS) Wellington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington Mo DATE Nov 26 1937

19. UNDERTAKER Wuensing Funeral Home
(ADDRESS) Wellington Mo.

20. FILED Nov 29 1937 F. W. Mason
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1937, to Nov 24 1937

I last saw him alive on Nov 23 1937. Death is said

to have occurred on the date stated above, at 10:50 A.M.

The principal cause of death and related causes of importance were as follows:

Typhoid Fever

Date of onset

Other contributory causes of importance:

absent of lung

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No.

If so, specify _____

(Signed) R. B. Watts M. D.(Address) Wellington Mo

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.

