

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Missouri
Township Charleston
City Charleston No. _____

Registration District No. 566
Primary Registration District No. 3030

File No. 46063
Registered No. 195

2. FULL NAME

(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 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10, 1855

7. AGE YEARS 82 MONTHS 2 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262

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) Hardin County Ky.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Nell Padgett (ADDRESS) Charleston Mo.

18. BURIAL OR REMOVAL PLACE Calvary Cemetery DATE November 28 37

19. UNDERTAKER Frank Lee Funeral Service (ADDRESS) Charleston Mo.

20. FILED 1-29-1937 F. S. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 6:35 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26 37

22. I HEREBY CERTIFY, That I attended deceased from about April 15 37 to Nov 26 37

I last saw h. E.R. live on Nov 26 37 Death is said to have occurred on the date stated above, at 6:35 P.M.

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

Ca. of liver (primary) D.K.
Senility. H

Other contributory causes of importance:
Free fluid in peritoneal sac D.K.

Name of operation Prostatectomy Date of 10/21/37
What test confirmed diagnosis? all sympt. 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) E. O. K. Keweenaw, M. D.
(Address) Charleston 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.

