

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

Do not use this space.

**32795**

**1. PLACE OF DEATH**

County.....  
Township Barnard Hsp  
City St. Louis

Registration District No. 701  
Primary Registration District No. 10113  
(No. Barnard Hosp)

File No. ....  
Registered No. 9659  
St. .... Ward

**2. FULL NAME**

Carrie Noles

(a) Residence. No. 553 No. 13<sup>th</sup> St., St. Louis, Mo. Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. 21 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 K. H. Noles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 30, 1893

| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, ..... hrs. or ..... min. |
|--------|-----------|-----------|-----------|--|
|        | <u>37</u> | <u>10</u> | <u>13</u> |  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) Alabama

10. NAME OF FATHER Oliver Gillespie

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER Martha Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Alabama

14. INFORMANT K. H. Noles  
(Address) 3654 Delmar Blvd

15. SFP SEP 23 1931 FILED 19 REGISTRAR Shaker J. ...

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 13, 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1931, to Sept. 12, 1931 that I last saw him alive on Sept 12, 1931, and that death occurred, on the date stated above, at 1:20 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of prostate

(duration) 1 yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) Heart (duration) — yrs. — mos. — ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Microscopic  
(Signed) F. G. Hedgcock M. D.

, 19 (Address) 3427 Washington Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthew Cemetery DATE OF BURIAL Sept. 15 1931

UNDERTAKER Shaker J. ... ADDRESS 2455 Washington

RECORD OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.

9 pm 1/2/20