

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

Do not use this space.

37372
4842

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Keokuk (No. St. Joseph Hosp.) St. _____ Ward _____

2. FULL NAME

Lyle Cameron Satchell Jr.
 (a) Residence. No. 2718 Linwood Ward _____ (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 wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - 24 - 2

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 3

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Keokuk Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Lyle C. Satchell

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

12. MAIDEN NAME OF MOTHER Heavenworth

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

14. INFORMANT Lyle C. Satchell
 (Address) 2718 Linwood

15. FILED 11/25, 19 29 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 19 29

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 19 29, to Nov 24, 19 29
 that I last saw him alive on Nov 24, 19 29, and that death occurred, on the date stated above, at 9:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

In anoxia

CONTRIBUTORY (SECONDARY) Premature birth
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. F. Frost, M. D.

(Address) 910 Douglas

*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 Seaventh Kaw DATE OF BURIAL Nov 11-20-29

20. UNDERTAKER O.V. Mart ADDRESS Keokuk 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

