

DEC 26 1935

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

Do not use this space.

38252

1. PLACE OF DEATH

County JacksonRegistration District No. 309Township ManPrimary Registration District No. 1002City Man City (No. 505-1st 39)File No. 2080

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 505-1st 39 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

MEDICAL CERTIFICATE OF DEATH

3. SEX fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 19355A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilton Lyle.22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1935 to Nov 24, 1935I last saw he alive on Nov 24, 1935 Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1897to have occurred on the date stated above, at 5 p.m.7. AGE YEARS 38 MONTHS 4 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.Lobar Pneumonia Date of onset 11/18/35

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)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.13. NAME Charles Beard.Name of operation no Date of _____14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.What test confirmed diagnosis? let Was there an autopsy? yes15. MAIDEN NAME Maude Huddleston

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) M. H. Lyle.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Ind. DATE 11-25-35

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (ADDRESS) Hilbergman.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED 11-25 1935 M.M. Cramer, Reg.(Signed) M. B. Casbolt, M. D.(Address) 1207 Kells Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

R. Cassatt