OV 22 1928

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

Do not use this space.

34432

1. PLACE OF DEATH
County Pike — Registration District No. 685 — File No. 19
Township Calumet — Primary Registration District No. 4409 — Registered No. 24
City Clarksville (No. ..... St. ..... Ward)

2. FULL NAME Charlie Elexander Lyter
(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 M
4. COLOR OR RACE W
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (*write* the word)

5a. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Fanne Camberlain Lyter No

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/12-1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	7	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) No
(c) Name of employer No

9. BIRTHPLACE (CITY OR TOWN) Clarksville
(STATE OR COUNTRY) Pike Mo

PARENTS
10. NAME OF FATHER Elexander Lyter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Norris
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Macie Rennel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

14. INFORMANT Alice Renne Sister
(Address) Clarksville Mo

15. FILED Nov 1, 1928 W W Treadway
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~9-18~~ 10-18 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Natural Causes for Several years
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 2050
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Dont no
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF No
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) C W Davis Coroner
9-18, 1928 (Address) Bowling Green Mo

*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 Concord Century Ave — DATE OF BURIAL 21 1928

20. UNDERTAKER W. B. Elmore Bowling Green Mo — ADDRESS

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.

1928 - 10 - 18
1860 - 7 12

68 9 - 6