23 1929

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

Do not use this space.

9564

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 1 — Registered No. 279

Township — Primary Registration District No. 1001

City St. Joseph (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Everett Benson Lightle

(a) Residence. No. Fillmore Mo. St., Ward. Fillmore, Missouri (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18-1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	34	5	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 2.6 24P
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andrew County
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Plesant Lightle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Worth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Andrew Co.,
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Rosella Lightle
(Address) Fillmore, Mo.

15. FILED MAR 2 1929 19 John G. [illegible] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1929 to Mch. 2 1929 that I last saw him alive on Mch. 2 1929, and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tuberculosis of 10th and 11th Dorsal Vertebrae (several months) Tubercular Meningitis (5 days)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Spinal Caries
(duration) yrs. several mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Fillmore, Mo.
DID AN OPERATION PRECEDE DEATH? yes DATE OF Bone graft from tibia to spine
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray and clinical symptoms
(Signed) Carl Potter, M. D.
Mch. 2 1929 (Address) 731 Faram

*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	DATE OF BURIAL
Fillmore Mo.	March 2 1929
20. UNDERTAKER	ADDRESS
Fleeman Funeral Home	1208 Francis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.