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 INDIBLE INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

22351

1. PLACE OF DEATH
27 County Cooper — Registration District No. 218
2. Township — Primary Registration District No. 3015
4 City Boonville Mo. (No. ..., St. ..., Ward)

File No. ...
Registered No. 70

2. FULL NAME Clarence Lyda
(a) Residence, No. ... St., ... Ward. South Carolina
(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: Male
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: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: Years 24; Months; Days; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

FATHER
13. NAME: C. O. Lyda
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Information obtained from deceased before death
18. BURIAL, CREMATION, OR REMOVAL: PLACE City Cemetery Boonville DATE 7-3-1932
19. UNDERTAKER (ADDRESS): Goodman & Bollen Boonville Mo.
20. FILED 7/6 1932 G. A. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1932
22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

Accidental Death — Date of onset

5

Other contributory causes of importance: Rididing on Bill Tank Water Train Union from knees + crush legs — 24 hr

Name of operation: Amputation Right Leg — Date of 7-1-32
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 7-1, 1932
Where did injury occur? Near to Kingson State Highway Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury: Leg crushed under Carburet
Nature of injury: Leg amputated
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) J. R. Hawkins M. D.
(Address) Lexington Mo