

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.

SEP 22 1932

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

Do not use this space.

25975

## 1. PLACE OF DEATH

County Greene  
Township Franklin  
City Springfield (No. R#1)

Registration District No. 322  
Primary Registration District No. 54465

File No. ....  
Registered No. ....  
St. .... Ward

## 2. FULL NAME

(a) Residence, No. Springfield, Mo., R#1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26-1866</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>0</u>
	DAYS <u>02</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician &amp; Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>213</u>	
	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) <u>Sandridge, Ia.</u>		
FATHER	13. NAME <u>J. W. Lyle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ia.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>W. V. Lyle, Coolidge, Texas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn Cemetery</u> DATE <u>Aug 31, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Cunningham Co., Springfield, Mo.</u>		
20. FILED <u>Aug 31, 1932</u> <u>Wm. E. Travis</u> Registrar		

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-28-1932, 1932, to 8-28-1932, 1932  
I last saw h. alive on 8-28-1932, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Upper Extremities & Cardiac & Psychotic disease  
3-8-9-1932

Acute apoplexy  
8-28-32

Other contributory causes of importance:  
95B  
60A  
107  
75B  
1

Name of operation .....

What test confirmed diagnosis? .....

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

Where did injury occur? .....

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) W. E. Feller, M. D.  
(Address) Springfield, Mo.

