

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.

OCT 20 1932

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

Do not use this space.

30240

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 786  
 6 Township Maplewood Primary Registration District No. 4469  
 8 City Central (No. 3021) Brent St St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 49  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Arthur C. Lyles

(a) Residence, No. 3021 Brent St - St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. - mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-5-1923  
 7. AGE YEARS 8 MONTHS 11 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy  
 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maplewood Mo.

FATHER 13. NAME William Rogers

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Helen Lyles

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

17. INFORMANT Harrison Lyles (ADDRESS) 3021 Brent St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Newell DATE 9-12 1932

19. UNDERTAKER J. C. Lyles (ADDRESS) Waller Groves Mo.

20. FILED 9-12 1932 Mercedes Schuster Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 9/6 1932 to 9/9 1932  
 I last saw him alive on 9/9 1932 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:  
Croup Diphtheria  
10  
194B / 10  
 Other contributory causes of importance: 0

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 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) C. Leroy Reynolds, M. D.  
 (Address) 123 E. 1st  
Waller Groves Mo.

