

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

9348

1. PLACE OF DEATH
County Howard. Registration District No. 378
Township Moniteau Primary Registration District No. 5532
City (No. St. Ward)

File No.
Registered No. 29

2. FULL NAME William M. Lyle.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie M Lyle				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/18/1860				
7. AGE YEARS 62	MONTHS II	DAYS 25	If LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer			
	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) Missouri				
FATHER	13. NAME John W. Lyle.			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.			
MOTHER	15. MAIDEN NAME Addie Mae Lyle.			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.			
17. INFORMANT Arch Lyle. (ADDRESS) Fayette Co. Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Co. DATE 3/16/33				
19. UNDERTAKER Guy T. Halley. (ADDRESS) Fayette Co. Mo.				
20. FILED 3/15 1933 V. J. Bonham Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/13/33**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 11, 1933**, to **Mar. 11, 1933**
I last saw him alive on **Mar. 11, 1933**. Death is said to have occurred on the date stated above, at **2 P.M.**
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach 2 yr standing
Date of onset **1930**
Other contributory causes of importance: **46 lbs**

Name of operation **none** Date of
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** 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 **H. Gullett**, M. D.
(Signed) **H. Gullett**
(Address) **Harrisburg Mo**

