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

Do not use this space.

10508

1. PLACE OF DEATH
County Nodaway — Registration District No. 626 — File No.
Township — Primary Registration District No. 4376 — Registered No.
City Parnell Mo (No. ..... St. ..... Ward)

2. FULL NAME Cyrus Atley Lyle
(a) Residence, No. ..... St., ... Ward. (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.

APR 27 1933

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: Maria Lyle.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 22, 1846
7. AGE: YEARS 86 — MONTHS 7 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

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): 3 yrs.
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lancaster Pa.

FATHER
13. NAME: John Lyle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

MOTHER
15. MAIDEN NAME: Susan Pierce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

17. INFORMANT (ADDRESS): George Lyle Parnell, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Parnell, Mo. DATE Mar. 25, 1933
19. UNDERTAKER (ADDRESS): A. J. Roof & Co. Parnell, Mo.
20. FILED 3-24 1933 Chas Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-22 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1933 to 3-22 1933
I last saw him alive on March 3 1933. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
92 B	
92 B	

Other contributory causes of importance: Rheumatism

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Physical Findings No

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? No
If so, specify
(Signed) R. J. Ross, M. D.
(Address) Grant City Mo

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

MARGIN RESERVED FOR BINDING

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.