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.

SEP 26 1933

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

Do not use this space.

1. PLACE OF DEATH
County Nodaway — Registration District No. 4371 — File No. 23967
Township Jackson — Primary Registration District No. 5828 — Registered No.
City Parnell (No. ..... St. ..... Ward)

2. FULL NAME Maria Miller Lyle
(a) Residence, No. ..... St., ... Ward. Parnell Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cyrus Allee Lyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1851

7. AGE: YEARS 82 — MONTHS 5 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Ohio

FATHER
13. NAME Ellis Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

MOTHER
15. MAIDEN NAME Lear Pratt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL burial
PLACE Parnell DATE July, 21 1933

19. UNDERTAKER (ADDRESS) A. J. Roof Parnell, Mo

20. FILED Sept 9, 1933 Chas Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw her alive on July 8, 1933 Death is said to have occurred on the date stated above, July 21 1933
The principal cause of death and related causes of importance were as follows:
Mitral insufficiency — Date of onset

Other contributory causes of importance: 97

Name of operation none Date of
What test confirmed diagnosis? Inspection 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? no
If so, specify
(Signed) A C Lang, M. D.
(Address) Sheridan Mo