

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

Do not use this space.

37066

1. PLACE OF DEATH

County Lewis

Township Greendale

City Louis (No. 479)

Registration District No. 479

Primary Registration District No. 5644a

File No. 37066

Registered No. 37066

2. FULL NAME

(a) Residence, No. Lydia Emeline Rye

St. Mo.

Ward. 3

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. (If nonresident, give city or town and State)

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 John M. Baxter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31 1857

7. AGE YEARS 76 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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) Lewis Co. (STATE OR COUNTRY) Mo.

13. NAME John M. Baxter

14. BIRTHPLACE (CITY OR TOWN) York (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Marguerite Fountain

16. BIRTHPLACE (CITY OR TOWN) Dubuque (STATE OR COUNTRY) Iowa

17. INFORMANT L. B. Rye (ADDRESS) Labelle Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Labelle Mo. DATE Nov. 9 1933

19. UNDERTAKER L. B. Rye (ADDRESS) Labelle Mo.

20. FILED 11/8 1933 L. B. Rye Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1933

22. I HEREBY CERTIFY, that I attended deceased from Oct. 20th 1932 to Nov. 7th 1933

I last saw him alive on Nov. 7th 1933 Death is said

to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Paralysis & Chronic Nephritis Date of onset 1929

Other contributory causes of importance Arteriosclerosis

Name of operation None Date of Nov

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury Nov

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. H. Rye M. D.

(Address) Labelle Mo.

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