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. PERSONAL NAMES 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

JAN 21 1936

Do not use this space.

42302

1. PLACE OF DEATH
County Washington — Registration District No. 889 — File No.
Township Richwoods — Primary Registration District No. 6185 — Registered No.
City (No. , St. Ward)

2. FULL NAME Lydle Glenn Record
(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.

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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 21-1933
7. AGE: YEARS 2 — MONTHS 11 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
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): Richwoods Mo

FATHER
13. NAME: John C Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Anthonies Mill Mo

MOTHER
15. MAIDEN NAME: Mary R Greenlee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Anthonies Mill Mo

17. INFORMANT (ADDRESS): John C Record Richwoods Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Anthonies Mill DATE: Dec 15, 1935
19. UNDERTAKER (ADDRESS): Doyen Bro Richwoods Mo
20. FILED: Dec 14, 1935 O W Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 14, 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1935, to Dec 14, 1935
I last saw him alive on Dec 13, 1935 Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:
Diphtheria

Date of onset

10

Other contributory causes of importance:
~~Influ~~ Influenza

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) O. W. Parker, M. D.
(Address) Richwoods Mo