JAN 17 1936

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

Do not use this space.

2043

1. PLACE OF DEATH
County Livingston Registration District No. 508 File No.
Township Primary Registration District No. 3.26 Registered No. 1
City Chillicothe (No. St. Ward)

2. FULL NAME Oscar Carlyle
(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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Carlyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-14-1872
7. AGE YEARS 73 MONTHS 8 DAYS 17 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liv Co Mo

FATHER
13. NAME Lafayette Carlyle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Edith Gray Chillicothe Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wheeling DATE Jan-3- 1936
19. UNDERTAKER (ADDRESS) Jas D Gordon Chillicothe Mo
20. FILED Jan 3 1936 Donald M. Daniel Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-1- 1936

22. I HEREBY CERTIFY That I attended deceased from Dec-31 1935, to Jan-1- 1936
I last saw him alive on Jan-1- 1936 Death is said to have occurred on the date stated above, at 1:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Institial Nephritis	

Other contributory causes of importance:

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) Dr W. G. White, M. D.
(Address) Chillicothe Mo