

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

Do not use this space.

APR 23 1936

40792

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kaw Primary Registration District No. 1002 Registered No. 11505
 City K.C. Mo. (No. 709 N. 32nd Street St. _____ Ward _____)

2. FULL NAME

Edward Gerard Lyle

(a) Residence, No. 709 N. 32nd 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeanetta Lyle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 - 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 0 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Business man
 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) Rolla, Missouri

13. NAME Sam Oldham Lyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsburg, W. Virginia

15. MAIDEN NAME Ann Gerard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort, Ky

17. INFORMANT Mrs Jeanetta M. Lyle
 (ADDRESS) 709 N. 32nd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Not known DATE Mar 19 1936

19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. Linwood

20. FILED Apr 18 1936 M. M. Grove
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1936, to 3-17, 1936
 I last saw him alive on 3-17-1936 Death is said to have occurred on the date stated above, at 6:00 m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 3-4-36
820-1
 Other contributory causes of importance: Hypostatic Pneumonia 3-16-36

Name of operation Examination Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 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? _____
 If so, specify _____

(Signed) Mrs. A. E. ...
 (Address) 406 W. ...

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.

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V. L. 6708

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