

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

Do not use this space.

AUG 28 1936

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29014

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis**.....

Registration District No.....
Primary Registration District No. **2**
(No. **City Hospital No. 2**)

File No.....
Registered No. **7786**
St. Ward)

2. FULL NAME **Hamton Lyles**

(a) Residence, No. **3027a Easton** St. **21** Ward.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Josephine Lyles**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 6, 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 1 11

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

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) **1936** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Macon, Mississippi**

13. NAME **Daniel Lyles**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unavailable Virginia**

15. MAIDEN NAME **Henrietta-Unavailable**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT (ADDRESS) **Charles J. Bates 2945 Lawton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **July 22nd, 1936**

19. UNDERTAKER (ADDRESS) **Charles J. Bates 4107 Finney Avenue**

20. **JUL 22 1936** Registrar **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **7 - 3 - 1936** to **7 - 17 - 1936**

I last saw him alive on **7 - 15 - 1926** Death is said to have occurred on the date stated above, at **1.35A.M.**

The principal cause of death and related causes of importance were as follows:
non-infectious
OSTEOMYELITIS OF LT. FRONTAL BONE WITH EXTENSION AND TOXEMIA Date of onset **7-3-1936**

No history of injury

Other contributory causes of importance:
--- **154**

Name of operation..... Date of.....
What test confirmed diagnosis? **clinical** Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide **XXXXX** 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) **J. Owen Blache**, M. D.
(Address) **2945 Lawton**

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

