

DEC 18 1936

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

Do not use this space. *f*

40826

File No.
Registered No. 1103
St. Ward

1. PLACE OF DEATH

30 County *Dallas*
Township *W. Benton*
City *Buffalo* (No.)

Registration District No. *241*
Primary Registration District No. *3354*

2. FULL NAME

Lyman H Criddle
(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF *Florence Criddle*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 9

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

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) *Wia*

FATHER 13. NAME *Jawa Criddle*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

MOTHER 15. MAIDEN NAME *Josephina Carter*

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

17. INFORMANT

(ADDRESS) *Stacie Criddle Buffalo Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Oak Lawn* DATE *Nov 19 1936*

19. UNDERTAKER (ADDRESS) *J. B. Jones Buffalo Mo.*

20. FILED *14/10* 1936 *Haney Morrow* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 16 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 14* 1936, to *Nov. 16* 1936

I last saw him alive on *Nov. 16 1936* Death is said

to have occurred on the date stated above, at *7:25 P.M.*

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

Date of onset

*Septicemia due to
rupt. of right pigo*

Other contributory causes of importance:

Name of operation *W* 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? *no*

If so, specify

(Signed) *O. O. Shannon* M. D.

(Address) *Buffalo Mo.*

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.

THE NATIONAL DEPARTMENT OF THE
UNITED STATES OF AMERICA
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

MEMORANDUM FOR THE SECRETARY OF THE ARMY
SUBJECT: [Illegible]

[The remainder of the page contains extremely faint and illegible text, likely a memorandum or report.]

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

Do not use this space.

1. PLACE OF DEATH

County Wallas Registration District No. 241 File No. _____
 Township Benton Primary Registration District No. 3384 Registered No. 1103
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Lyman H. Criddle

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 9

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19. _____

19. UNDERTAKER (ADDRESS)

20. FILED 11/7 1922 Harvey Morrow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

Septicemia due to infection of 1st finger Date of onset _____

Cause unknown

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) C. O. Zimmerman, M. D.

(Address) Buffalo

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.

SUPPLEMENT

S-40826