

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Benton  
Township Friston  
City Warsaw (No. 101)

Registration District No. 64  
Primary Registration District No. 5100

File No. 37071

Registered No. 14 St. \_\_\_\_\_ Ward)

2. FULL NAME Lara Cyles

(a) Residence, No. Warsaw No. 101 St. \_\_\_\_\_ Ward. \_\_\_\_\_

Length of residence in city or town where death occurred 7 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from never 19   to never 19  

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-27-1871

I last saw him    alive on    19   Death is said to have occurred on the date stated above, at 12:30 P. m.

7. AGE 66 YEARS MONTHS 3 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Myocarditis acute  
According to history  
Date of onset \_\_\_\_\_

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

Other contributory causes of importance: 930

13. NAME John Wheeler

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

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

15. MAIDEN NAME Dont know

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

17. INFORMANT (ADDRESS) Lloyd Cyles Warsaw No 101

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin DATE Oct 16 1937

19. UNDERTAKER (ADDRESS) John Knipschild Hardin Mo

20. FILED Oct 16 1937 M. C. Watson Registrar.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) D. Bess (Caraner) M. D.  
(Address) Col Camp Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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