

NOV 15 1937

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

Do not use this space.

37134

1108

1. PLACE OF DEATH

County Buchanan

Registration District No. ....

Township

Primary Registration District No. ....

City St. Joseph Mo (No. ....)

MO. METHO. HOSPITAL

File No. ....

Registered No. ....

St. ....

Ward) ....

2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

Buchanan Mo St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. .... mos. .... ds.

How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Male

White

Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Kathleen R. Lyle

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1937, to Oct 7, 1937

I last saw him alive on Oct 7, 1937. Death is said

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

Dec 28 1899

to have occurred on the date stated above, at 11:40 p.m.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

37

9

9

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

Acute appendicitis

Date of onset

Sept 27

37

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)

Buchanan Mo.

FATHER

13. NAME William John Lyle

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

Illinois

MOTHER

15. MAIDEN NAME Sarah Francis Keller

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

Haras town Maryland

17. INFORMANT (ADDRESS)

Mrs. R. R. Lyle, Buchanan Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph Mo DATE Oct 10, 1937

19. UNDERTAKER (ADDRESS)

Campbell Funeral Home, St. Joseph Mo.

20. FILED

Oct 9, 1937 A. J. Nestle Registrar.

Other contributory causes of importance:

none

Name of operation Appendectomy Date of Oct 3-37

What test confirmed diagnosis? Clinical 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? no

If so, specify

(Signed) Arthur H. Laney, M. D.

(Address) Wichita, Kansas

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

