DEC 14 193

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

Do not use this space.

1. PLACE OF DEATH
County Andrew — Registration District No. 8 — File No. 40532
Township — Primary Registration District No. 4610 — Registered No.
City Amazonia (No. , St. Ward)

2. FULL NAME Harriet Jane Lyle
(a) Residence, No. St., Ward. Amazonia, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles F. Lyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 25, 1878

7. AGE: YEARS 59 — MONTHS 7 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Nov. 1937
11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Amazonia Missouri

FATHER
13. NAME John. W. Whitmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

MOTHER
15. MAIDEN NAME Delilah C. Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): Monford Lyle Amazonia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amazonia Cemetery DATE , 19

19. UNDERTAKER (ADDRESS): Frank A. Bowman 319 S 10 St. Joseph, Mo.

20. FILED Nov 16 1937 J. W. Holcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1937, to Nov. 12, 1937
I last saw her alive on Nov. 12, 1937. Death is said to have occurred on the date stated above, at 2.45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov. 8

Other contributory causes of importance:

8201

Name of operation — Date of
What test confirmed diagnosis? none. 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) Dr. H. L. Kelley, ~~M. D.~~
(Address) Savannah Mo.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

40532
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew — Registration District No. 8
(b) Township — Primary Registration District No. 4005 — Registered No.
(c) City Amazonia — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harriet Jane Lyle
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE — YEARS: 39 — MONTHS: 7 — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amazonia Mo DATE Nov 15 1937

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 15 1937 J. W. Holcomb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

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) H. L. Kelley, M. D.
(Address) Savannah Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.