

REC'D JUL 23 1938

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

22368

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 5760
(b) Township Loyda Primary Registration District No. 5760 Registered No. _____
(c) City Atlanta (d) Street No. _____
(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

MARY V. Lyda
(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 " 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 9 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) Macon Co. Mo.13. NAME Wm. T. Shain14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Susan Thurman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) J. M. Lyda Atlanta Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Labor DATE 6/16 " 3819. FUNERAL DIRECTOR (ADDRESS) Stephens & Gooding Macon, Mo.

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 193822. I HEREBY CERTIFY That I attended deceased from May - 4 - 1938 to June - 14 - 1938I last saw her alive on June 14, 1938 Death is saidto have occurred on the date stated above, at 9⁰⁰ m.

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

Tuberculosis with
Debris - Colon Ystula
Tuberculosis sigmoid
Colon - Pulmonary Tuberculosis

Other contributory causes of importance:

Nose J. B. W.

Name of operation _____ Date of _____

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) J. R. Campbell, M. D.(Address) Macon Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform to the above constitutes grounds for revocation of license.)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF EMERALMERS

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22368
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 526
 (b) Township Konda Primary Registration District No. 2700 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. W. Hyde
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1883
 7. AGE YEARS 54 MONTHS 9 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 4 to June 14, 1938
 I last saw her alive on June 14, 1938 Death is said to have occurred on the date stated above, at 9 P.M.
 The principal cause of death and related causes of importance were as follows:
Tuberculous bronchitis with vesic
Colon Fistula
Secondary Malignant Melanoma of Rectum
Colon Pulmonary Tuberculosis
 Other contributory causes of importance:
none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo
 13. NAME Wm T. Shair
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME Susan T. Kurman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) J. W. Hyde
 18. BURIAL, CREMATION OR REMOVAL PLACE Wm. Taylor DATE 6-16-38
 19. FUNERAL DIRECTOR (ADDRESS) Stephen Gooding
Macon Mo
 20. FILED 8/23 1938 Ruth McNeely
 Local Registrar

Name of operation _____ Date of _____
 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) A. H. Canabrie, M. D.
 (Address) Macon Mo

This certificate is to be filed in the office of the registrar of vital statistics, and a copy of the same shall be furnished to the coroner, if the death occurred in a place where a coroner is appointed. It may be properly classified. Exact statement of OCCUPATIO. is v-ry important.

RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

