

REC'D OCT 19 1938

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

Do not use this space.

1. PLACE OF DEATH

 28 County Crawford Registration District No. 229
 Township George Primary Registration District No. 4139
 City Courbois (No.) St. Ward)
File No. 32047

Registered No.

2. FULL NAME

 (a) Residence, No. John Lyle St. H. 00 Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanchy Harrison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-29-1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 5

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

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) Missouri13. NAME Jugetha L. Lyle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.15. MAIDEN NAME May Jane Walker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT William L. Lyle (ADDRESS) St. Louis, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Courbois, Ill. DATE 10/14/38
19. UNDERTAKER Albert Edging (ADDRESS) Courbois, Ill.20. FILED 10-3 1938 Williams Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1938, to 10-2, 1938.
 I last saw him alive on 10-1, 1938. Death is said to have occurred on the date stated above, at 7:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Chronic Endocarditis
Date of report 11/15/38
 Other contributory causes of importance: Chronic Endocarditis

 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) E. L. Hunter, M. D.
 (Address) Courbois, Mo.

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

