

REC'D FEB 6 1939

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

Do not use this space.

3237

1. PLACE OF DEATH

County *New Madrid*
Township *Some*
City *Zelleville R. 1.*

Registration District No. *605*
Primary Registration District No. *4357*

File No.
Registered No. St. Ward)

2. FULL NAME

James C. Lyle

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 28-1887*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 5 29

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) *Georgia*

MOTHER FATHER 13. NAME *Bob Lyle*

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

15. MAIDEN NAME *Louisa Taylor*

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

17. INFORMANT *Peppie Lyle* (ADDRESS) *Zelleville, Mo. R. 1.*

18. BURIAL, CREMATION, OR REMOVAL PLACED *Double Spring, Alab* DATE *Jan 28* 19*39*

19. UNDERTAKER *Rubens Wood Co.* (ADDRESS) *New Madrid, Mo.*

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 29* 19*39*

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 *7 P* m.

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

DIED WITH OUT MEDICAL ATTENTION

From record acute indigestion

Other contributory causes of importance: *2 DD U*

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? *No*

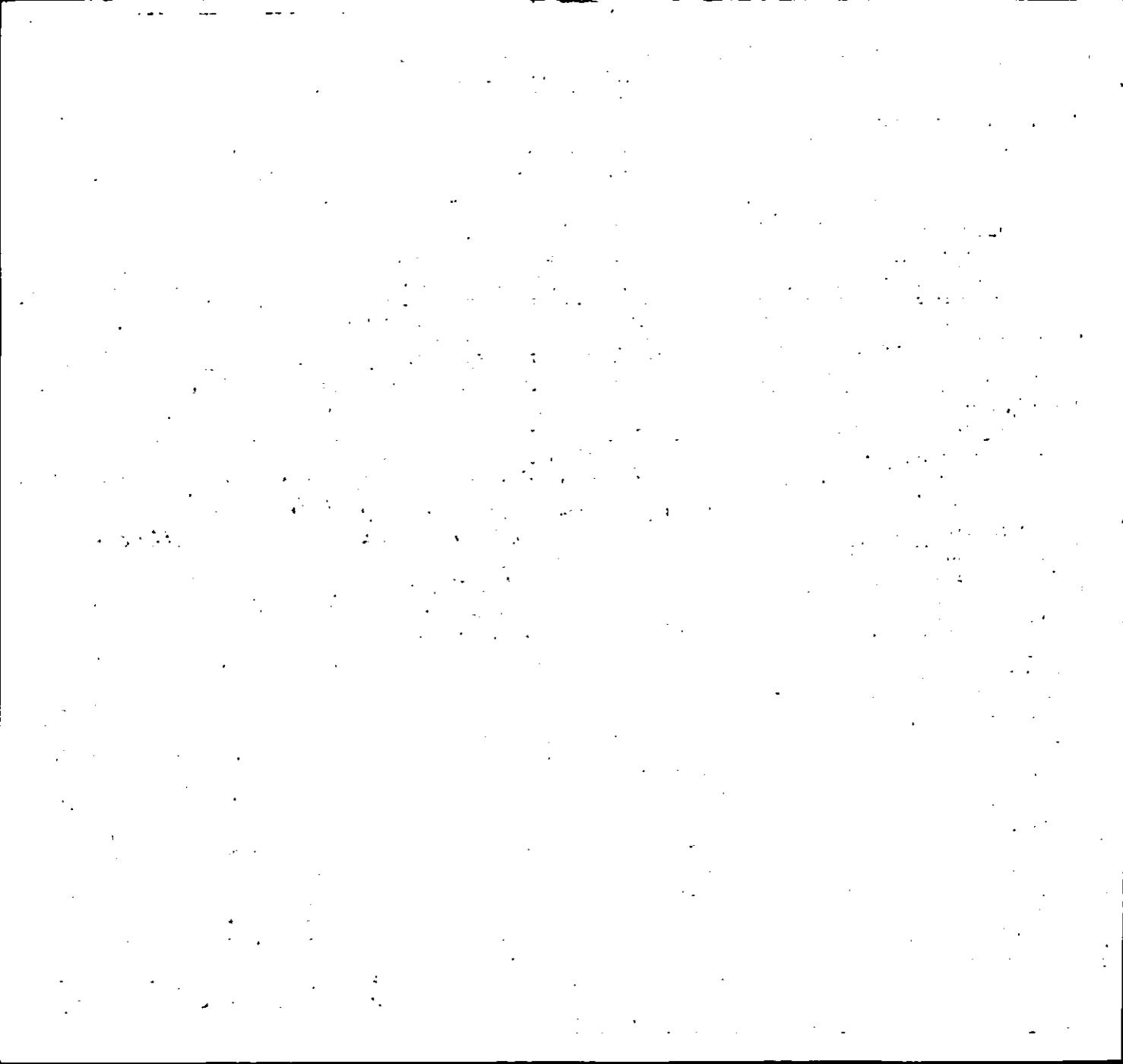
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify 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 *Rubens Wood Co. owner*

(Signed) *Rubens Wood* Registrar. (Address) *New Madrid*



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3239
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 605-
(b) Township Corns Primary Registration District No. 4359
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

James C. Hyle
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Louise Hyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1887
7. AGE YEARS 57 MONTHS 5 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
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. Farmer
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) La

13. NAME Bob Hyle

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

15. MAIDEN NAME Louise Taylor

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

17. INFORMANT (ADDRESS) Perrie Hyle
Libbont mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Double Spring DATE 1-28 1937

19. FUNERAL DIRECTOR (ADDRESS) Richards mfg co
New Madrid mo

20. FILED 3/15 1937 Dr. Cowhusted
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 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 7 P m.

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

Died with out med. attention from record acute indigestion

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) L. H. Richards mo

(Address) New Madrid mo

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

REGISTRATION IS VERY IMPORTANT.

