

DEC'D FEB 25 1939

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

Do not use this space.

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1. PLACE OF DEATH
County Leimont 2 Registration District No. 653.
Township Hays Primary Registration District No. 4390
City Leimont (No. 1) St. _____ Ward _____

2. FULL NAME Sarah C. Lyles
(a) Residence, No. Hays St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1867

7. AGE 87 YEARS MONTHS - DAYS - If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

FATHER 13. NAME Richard Kelley

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

MOTHER 15. MAIDEN NAME Martha Eaves

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

17. INFORMANT Mrs. Lou Lyles (ADDRESS) Hays, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Denton Mo DATE Jan. 23 1939

19. UNDERTAKER Ray and Co. (ADDRESS) Hays, Mo.

20. FILED 1-23 1939 J. W. Rhodes Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1939, to Dec 20 1939. I last saw her alive on Dec 17 1939. Death is said to have occurred on the date stated above, at 5:20 A.M. The principal cause of death and related causes of importance were as follows:
Influenza
Other contributory causes of importance: _____
Name of operation none 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? No 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 W. R. Limbaugh (Signed) _____, M. D. (Address) Hays, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 If cause of death is not clearly supplied, A.C. should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No.

District File Number 39-17

Date Filed 2-10-5