APR 19 1939

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

Do not use this space.

File No. 10526

Registered No. 27

1. PLACE OF DEATH

County Clay — Registration District No. 196

Township Fishing River — Primary Registration District No. 801

City Excelsior Springs, Mo. (No. Veterans Adm. Facility St. 3d Ward)

2. FULL NAME LYLE, Otis R.

(a) Residence, No. Vet. Adm. Facility St., Ward. Clinton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	9	13	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Missouri

FATHER

13. NAME George Lyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Missouri

MOTHER

15. MAIDEN NAME Emma Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Missouri

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton, Mo. DATE 3-10-39, 19

19. UNDERTAKER (ADDRESS) F.E.Wilkinson, Clinton, Mo.

20. FILED March 11, 1939 Lorena McCrachie, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 8, 19 39, to March 9, 19 39

I last saw him alive on March 9, 19 39. Death is said to have occurred on the date stated above, at 7:15 P.m.

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

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Exam & Obs Was there an autopsy? No

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?

If so, specify ---

(Signed) John E. Kelly, M.D. Manager, M.D.
Veterans Administration Facility

(Address) Excelsior Springs, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10CM-1-20-6 I X7044

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/3/39