

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

Do not use this space.

41116

JAN 26 1934

PLACE OF DEATH

89 County RAY Registration District No. 744
6 Township RICHMOND MO Primary Registration District No. 3035
4 City RICHMOND (No. _____) St. _____ Ward _____

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME OLLIE M 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 0 5

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

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) Missouri

13. NAME Rose Lyle

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

15. MAIDEN NAME Not known

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

17. INFORMANT Mollie Lyle (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 1/3/34

19. UNDERTAKER E. M. Jones (ADDRESS) Richmond Mo

20. FILED 1-10, 1934 E. E. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Dec 30, 1933
I last saw him alive on Dec 30, 1933 Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____

108 108

Other contributory causes of importance: None

Name of operation None 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 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. D. Green, M. D.
(Address) Richmond Mo

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

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.

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31

