

MAR 16 1928

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

Do not use this space.

4096

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 4096

Township.....

Primary Registration District No. 1001

Registered No. 174

City St. Joseph, (No. St. Joseph's Hospital) St. Ward

2. FULL NAME Catherine Moran Kyle,

(a) Residence. No. St. Ward. Weston, Missouri. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William White Kyle,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 10 2/5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Blainfield, (STATE OR COUNTRY) New Jersey,

10. NAME OF FATHER Patrick Moran,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ireland,

12. MAIDEN NAME OF MOTHER Margaret Coan,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ireland,

14. INFORMANT Mrs. W. Kyle (Address) Weston, Missouri.

15. FILED John G. [Signature] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14, 1928

17. I HEREBY CERTIFY That I attended deceased from Feb. 1, 1928, to Feb. 13, 1928, that I last saw him alive on Feb. 13, 1928, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cancer of the Uterus. 40P

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED at Weston, Mo. IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 14 - 1928 (And Feb. 2 with 28 WAS THERE AN AUTOPSY?)

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & clinical Exam - (Signed) C. E. [Signature] M. D. Feb. 14, 1928 (Address) 731 Larson St. [Signature]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Weston, Missouri, Via auto DATE OF BURIAL Feb. 16th 1928

20. UNDERTAKER Theaton, Begole & Bowman 319 S. 10 St.

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.

FEB 14 1928

