

**NEVADA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5209

1. PLACE OF DEATH

County Nevada
Township Washington
City Nevada (No.) St. Ward

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 24

2. FULL NAME

Virian Dyle

(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. 1 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Elmer Dyle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-11-29

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>36</u>	<u>7</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Bellvue, Iowa

10. NAME OF FATHER Aug. Siegel

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT State Hosp Record
(Address) Nevada Mo.

15. FILED 2-23-29 E. B. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1929

17. I HEREBY CERTIFY that I attended deceased from Dec 13 1929 to Jan 6 1929 that I last saw her alive on Jan 6 1929, and that death occurred, on the date stated above, at 8:20 a.m.

11A THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
Broncho pneumonia (duration) yrs. mos. 7 da.

CONTRIBUTORY - Influenza (SECONDARY) (duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E. H. Coon, M. D.

1-7-29 (Address) Nevada Mo.

*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 Atchison Kansas DATE OF BURIAL Jan 8 1929

20. UNDERTAKER Allen V. Mayo Nevada 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.

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Mr. Senger.

1943

Bellevue