

40280-*a* MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

40280-*B*

1. PLACE OF DEATH  
County *Cyark* Registration District No. *645*  
Township *Walling Hill* Primary Registration District No. *6279*  
City *Nottingham* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *James Ashbury Kyle, Nottingham, Mo.*  
(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.

File No. *4*  
Registered No. *4*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Widowed of Sarah Kyle*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 30-1841*

7. AGE *89* YEARS MONTHS *Aug* DAYS *30* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *farmer*  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) *Kyle's Ford*  
(STATE OR COUNTRY) *Penn.*

10. NAME OF FATHER *Robert Kyle*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Rogersville,*  
(STATE OR COUNTRY) *Penn.*

12. MAIDEN NAME OF MOTHER *Rachel Gillwaters*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Rogersville,*  
(STATE OR COUNTRY) *Penn.*

14. INFORMANT *Nora Gardner*  
(Address) *Walling Hill*

15. FILED *B-20, 1931* *James R Davis*  
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 30* 19*30*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 30*, 19*30*, to *Dec 30*, 19*30* that I last saw him alive on *Dec 30*, 19*30*, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Hypertrophy of Heart*  
*950*  
*900B*

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *H. W. Taylor*, M. D.  
, 19 (Address) *Almorthy*

\*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 *Thornfield, Mo.* DATE OF BURIAL *Dec. 31* 19*30*

20. UNDERTAKER *Neighbors* ADDRESS \_\_\_\_\_

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.

APR 25 1931

