

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

Do not use this space.

14638

1. PLACE OF DEATH

County Jefferson Registration District No. 420
 Township Wells Primary Registration District No. 3022
 City Wabato, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

John Kyle
 (a) Residence. No. 6-4 Boyd St. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. - mos. - ds. How long in U.S., if of foreign birth? 79 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Kyle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 28-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 10 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 239
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) House Spring
 (STATE OR COUNTRY) Mo. 1

10. NAME OF FATHER Henry Kyle

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

14. INFORMANT Mr. John Kyle
 (Address) 1006 S. Main

15. FILED 4/3, 1930 D. P. Paetzle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 4¹⁵ 1930
P.M.

17. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1930, to Apr 1, 1930, that I last saw him alive on Apr 1, 1930, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

100 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 108 (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) David Ford, M. D.

Apr. 3, 1930 (Address) W E Soto 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 Victoria Mo. DATE OF BURIAL 4-3 1930

20. UNDERTAKER RICHARDSON-MOTHERSHEAD ADDRESS Wabato 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.

JUN 27 1931

