

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

Do not use this space.

24029

**1. PLACE OF DEATH**

County Vernon Registration District No. 875  
 Township Washington Primary Registration District No. 6662  
 City..... (No. 4) St. .... Ward)

File No.....  
 Registered No. 159

**2. FULL NAME**

H. T. Kyle  
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-11-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
85 - -

**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)**

(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Gas Kyle

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

12. MAIDEN NAME OF MOTHER Sarah Wright

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

14. INFORMANT State Hosp Record (Address) Neoda Mo

15. FILED 7-10-31 E. R. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1 1929 to June 5 1931 that I last saw him alive on June 5 1931 and that death occurred, on the date stated above, at 12:15 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

824  
39  
Cerebral Hemorrhage  
 (duration) yrs. mos. ds. 1

CONTRIBUTORY Arteriosclerosis (SECONDARY)

(duration) yrs. mos. ds. 5

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

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

6-5-1931 (Address) Neoda 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 Temple Home DATE OF BURIAL June 7 1931

20. UNDERTAKER Charles & Co ADDRESS Neoda

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.

JUL 28 1931

MISSOURI STATE BOARD OF HEALTH - THIS IS A PERMANENT RECORD

