

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

Do not use this space.

28583

1. PLACE OF DEATH

County Gasconade
Township Madison
City (No.)

Registration District No. 408
Primary Registration District No. 5564

File No.
Registered No.
St. Ward

2. FULL NAME

Charles Wesley Kyle

(a) Residence, No. Carthage R. 8 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. . mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Martha Ellen Kyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>85</u>	<u>10</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Va.

13. NAME Lewis Kyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

15. MAIDEN NAME Mary Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Mrs. C. H. Baine
(ADDRESS) R. 8

18. BURIAL, CREMATION, OR REMOVAL PLACE Freshville Cemetery DATE 8/9 1931

19. UNDERTAKER Ulysses Drake
(ADDRESS) Carthage Mo.

20. FILED 8/8 1931 E. M. McCham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7th 1931

22. HEREBY CERTIFY, That I attended deceased from June 4 1931, to Aug 6 1931. I last saw him alive on June 6 1931. Death is said to have occurred on the date stated above, about 2 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart State of onset 99A

Other contributory causes of importance 92 W

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. E. Baker M. D.

(Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOTE: 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.

AUG 26 1931

