

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

Do not use this space.

2106

File No. \_\_\_\_\_  
Registered No. 260 Ward \_\_\_\_\_

1. PLACE OF DEATH  
88 County Dandolph Registration District No. 735  
Township \_\_\_\_\_ Primary Registration District No. 3034  
City Moberly (No. Wabash Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Auby La Voyles  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Darlington, Mo.  
(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 Male  
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 Sylvia Voyles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18<sup>th</sup> 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>37</u>	<u>5</u>	<u>5</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Bridge Bldg  
(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter  
(c) Name of employer Wabash RR

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ill. 2

10. NAME OF FATHER Jonathan Voyles  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ill.  
12. MAIDEN NAME OF MOTHER Anderson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ill. 31

14. INFORMANT Mrs Sylvia Voyles  
(Address) Darlington Mo

15. FILED 1/23, 1932 Theo. B. Fleming  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23<sup>rd</sup> 1932  
17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932 to Jan 23, 1932 that I last saw him alive on Jan 23, 1932, and that death occurred, on the date stated above, at 2:15 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Right lobes pneumonia  
10 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Darlington, Mo.  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory  
(Signed) Max E. Kaiser, M. D.  
1-23, 1932 (Address) Wabash Hospital - Moberly

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Darlington Mo DATE OF BURIAL Jan 25 1932  
20. UNDERTAKER Marion Anderson ADDRESS Moberly 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.

FEB 25 1932

FEB 20 1958