

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

Do not use this space.

4643

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City K.C. Mo. (No. Mercy Hospital) St. _____ Ward _____

File No. _____
 Registered No. 497
 St. _____ Ward _____

2. FULL NAME

Bonny Wyble
 (a) Residence, No. Gridley, Kan St. X Ward. Gridley, Kansas. R.R. #2
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 36 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 51</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>9</u>	<u>25</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>			
	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) <u>Kansas</u>				
FATHER	13. NAME <u>Sam Wyble</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Agnes Eaton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>			
17. INFORMANT <u>Sam Wyble</u> (ADDRESS) <u>Gridley, Kansas</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bureka, Kan</u> DATE <u>2-7</u> 19 <u>32</u>				
19. UNDERTAKER <u>Mrs. C. P. Forster</u> (ADDRESS) <u>72 E. Missouri</u>				
20. FILED <u>2/7</u> 19 <u>32</u> <u>M. M. Craze</u> Clerk Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/32, 1932

22. I, HEREBY CERTIFY, That I attended deceased from 2/1/32, 1932, to 2/7/32, 1932.
 I last saw him alive on 2/7/32, 1932. Death is said to have occurred on the date stated above, at 5:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Mental Deficiency
1077
811
 Date of onset Engel

Other contributory causes of importance:
Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? Span lab Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932
 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) W.M. Howard, M. D.
 (Address) Mercy Hospital
K.C. 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.

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