

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

Do not use this space.

36791

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Ray Primary Registration District No. 1902  
 City Ray, Mo. (No. General Hosp. #2) St. 3rd Ward

2. FULL NAME Eliza Kyle  
 (a) Residence, No. 1812 E. 23rd 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Minnie Kyle  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-1899  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40 9 6 or 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shining Parlor  
 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) Ala.  
 13. NAME Harper Kyle  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.  
 15. MAIDEN NAME Tallie Sims  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.  
 17. INFORMANT Record Clerk  
 (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Nov 1st 1935  
 19. UNDERTAKER Watkins Bros  
 (ADDRESS) 1729 Lydia  
 20. FILED Dec. 1 1935 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1933, to 11-28, 1933  
 I last saw him alive on 11-28, 1933 Death is said to have occurred on the date stated above, at 7:15 AM  
 The principal cause of death and related causes of importance were as follows:  
Ulcer - cancer pulmonary  
tuberculosis (Bilateral)  
 Date of onset 23A  
69B 73  
 Other contributory causes of importance hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_ 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? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) J. O. Jones M. D.  
 (Address) General Hosp. #23

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

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.

JAN 26 1935

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