FEB 21 1935

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

Do not use this space.

571

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No.
Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No.
City Excelsior Springs (No. ..... St. ..... Ward)

2. FULL NAME Clara Jannett Kyle
(a) Residence, No. 431 Elms Blvd. St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John H. Kyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 10 1849
7. AGE: YEARS 85 — MONTHS 4 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brighton Iowa

FATHER
13. NAME: James Parshial
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

MOTHER
15. MAIDEN NAME: ? Auld
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

17. INFORMANT (ADDRESS): Jessie E Heitzel
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brighton Iowa DATE 1-24- 1935
19. UNDERTAKER (ADDRESS): Herbert Hope, Excelsior Springs Mo.
20. FILED 1-23, 1935 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-22-, 1935
22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1935, to 1-22-, 1935
I last saw her alive on 1-22, 1935 Death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy — Date of onset 11-16 1931
82 a
Other contributory causes of importance: General Debility
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No
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? No
If so, specify —
(Signed) H J Clark, M. D.
(Address) Excelsior Sprgs 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.