

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

Do not use this space.

JUN 3 1935

13967

**1. PLACE OF DEATH**

County Putnam Registration District No. 718  
Township \_\_\_\_\_ Primary Registration District No. 693.0  
City Unionville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Margaret Hoyle  
(a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Feb. 13-1874</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>2</u>
		<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home work</u>		
10. Date deceased last worked in this occupation (month and year) <u>Jan. 1932</u>		
11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davis Co. Iowa</u>		
13. NAME <u>W. H. Hoyle</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unionville Kentucky</u>		
15. MAIDEN NAME <u>Fennis Conway</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davis Co. Iowa</u>		
17. INFORMANT (ADDRESS) <u>Robert Hoyle Unionville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unionville</u> DATE <u>April 25, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Creston Mera Co Unionville, Mo</u>		
20. FILED <u>Apr 25, 1935</u> <u>J. W. Gillman Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1927 to April 24, 1935  
I last saw her alive on April 1, 1935. Death is said to have occurred on the date stated above, at 7:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Paranymatous Nephritis Date of onset March 1935  
Syringo-myelia 1932

Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Di. & Lab. 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) Phyllis E. Cobb, M. D.  
(Address) Unionville Mo.

WHITE PLAINLY, WITH UNFOLDING INSTRUMENTS 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.

