JUN 26 1936

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

Do not use this space.

20505

File No. .....

Registered No. 8-C

1. PLACE OF DEATH

County St. Francois

Township St. Francois

Registration District No. 773

Primary Registration District No. 6018A

Neer-City Farmington, Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME Julia Kyle Dyer

(a) Residence, No. Sikeston, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF 1st. - Larue Hamby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	34	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Bertrand
(STATE OR COUNTRY) Mo.

FATHER

13. NAME John R. Kyle

14. BIRTHPLACE (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Mary Elizabeth Barker

16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ga.

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bertrand Mo. Amour cemetery DATE 5-8, 1936

19. UNDERTAKER Welch Undertaking Co
(ADDRESS) Sikeston Mo.

20. FILED May 8 1936 B. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1936, to May 6, 1936

I last saw h. alive on May 6, 1936. Death is said to have occurred on the date stated above, at 4:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Praecox (Excited Paranoid)	2/2/36
Lobar Pneumonia, right	5/4/36

Other contributory causes of importance:

Malnutrition, marked	?

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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) C. C. Quilt, M. D.

(Address) Farmington, Mo.

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
100M-3-28-35