

APR 27 1937

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

Do not use this space.

13462

1. PLACE OF DEATH

County *St. Louis*Registration District No. *790*

File No.

Township

Primary Registration District No. *6035²*Registered No. *90*City *Clayton*(No. *St. Louis County Hospital*)

St.

Ward

2. FULL NAME *Anna Kyle -*(a) Residence, No. *Steelville, 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

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 *Mervin Kyle*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 26, 1864*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

house wife. -

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) (STATE OR COUNTRY) *Unknown*

13. NAME

*Zumwalt -*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown -*15. MAIDEN NAME *Unknown -*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown -*

17. INFORMANT

(ADDRESS) *Mrs. W. J. Bryant, 1130 So. Rock Hill Rd. W.G.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Steelville, Mo.* DATE *3/6*

19. UNDERTAKER

(ADDRESS) *Croshaw Und. Co. Inc. 714 1/2 Manchester Ave.*20. FILED *13/6* *1937* *Dr. G. J. Signorette* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 5, 1937*

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19,

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at *5.00 p.m.*

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

Pneumonia, Lobar, acute.

Date of onset

Other contributory causes of importance:

Name of operation *None* Date ofWhat test confirmed diagnosis? *Clinical signs* 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?

If so, specify

(Signed) *J. D. Cornell* M. D.(Address) *Parsons, St. Louis Co.*

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.

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