

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH  
 County Wright Registration District No. 908 File No. 17922  
 Township mtn Grove mo. Primary Registration District No. 4549 Registered No. 21  
 City Wright (No. ....) St. .... Ward ....  
 2. FULL NAME Gasper Kile  
 (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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophronia Kile  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 3 5  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Nov 1935 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 FATHER  
 13. NAME John Kile  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER  
 15. MAIDEN NAME Mary Huffman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 17. INFORMANT (ADDRESS) Mrs. Sophronia Kile, R. 2, Cabool Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool DATE April 5 1937  
 19. UNDERTAKER (ADDRESS) Gaylord H. Elliott, Cabool Mo.  
 20. FILED 4-30-37 Bernice Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Mar 31 1937 to April 3 1937  
 I last saw him alive on April 3 1937 Death is said to have occurred on the date stated above, at 1:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Nephritic with anuria Date of onset  
 Other contributory causes of importance: 1/2  
 Name of operation Cystotomy Date of 4-1-37  
 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? no Date of injury no, 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 no  
 Nature of injury  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) R. A. Ryan, M. D.  
 (Address) Mtn Grove

132a

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

Do not use this space.

**1. PLACE OF DEATH**

County Wright  
Township  
City Mtn Grove (No. ....)

Registration District No. 908  
Primary Registration District No. 4549

File No. 17922  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Jasper Xiles

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or
	<u>71</u>	<u>3</u>	<u>2</u>	

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from

19, to 19

I last saw him on 19. Death is said

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

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

Nephritis chronic Parenchymatous

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) R. A. Ryan, M. D.

(Address) Mtn Grove Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-17922