

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.

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Nodaway Registration District No. 622 File No. 20834
 Township Hughes Primary Registration District No. 4373 Registered No. 4
 City Archway, Mo. (No. 2) St. Ward

2. FULL NAME John M. Kyle
 (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 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. / mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-1838

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>98</u>	<u>8</u>	<u>12</u>	

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) _____ **11. Total time (years) spent in this occupation** 68

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rogersville, Tenn. Howard Co.

FATHER

13. NAME Jeff Kyle

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

MOTHER

15. MAIDEN NAME Miss Russell

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

17. INFORMANT Miss Velma Williams
 (ADDRESS) Opella Kansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Kyle Cemetery DATE June 7 1937

19. UNDERTAKER Campbell Funeral Home
 (ADDRESS) Maryville Mo

20. FILED June 11 1937 Wm Ed. B. [Signature]
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1937, to June 5 1937
 I last saw him alive on June 6 1937 Death is said to have occurred on the date stated above, at 5 P. M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Old age

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? none 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 _____, 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) E. L. Morgan _____, M. D.
 (Address) Graham, Mo

