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

Do not use this space.

27464

AUG 24 1937

1. PLACE OF DEATH

County: Jasper

Township:

City: Carthage (No. 745 E. Sixth St. Ward)

Registration District No. 408

Primary Registration District No. 309ip

File No.

Registered No.

2. FULL NAME: Ida May Kyer

(a) Residence, No. 745 E. Sixth St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 2, 1885

7. AGE: Years 51 | Months 10 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Versailles, Missouri

FATHER

13. NAME: William Calomal

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

MOTHER

15. MAIDEN NAME: Sarah Chitwood

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

17. INFORMANT (ADDRESS): Mrs. Leon King (dau.), Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cedar Hill Cemetery DATE: July 30, 1937

19. UNDERTAKER (ADDRESS): Ulmer Funeral Home, Carthage, Missouri

20. FILED: July 30, 1937 S. B. Clinton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937, to July 27, 1937

I last saw he alive on July 27, 1937. Death is said to have occurred on the date stated above, at 4:40pm

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

Cholelithiasis with gall duct obstruction — Date of onset 7/25/35

Other contributory causes of importance:

Chr. Myocarditis.

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (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) George H. Wood, M. D.

(Address) Carthage Mo

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2 50M 10-22-36 X9314