

REC'D MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County CharitonRegistration District No. 176File No. 14339

Township

Primary Registration District No. 4105Registered No. 9City Sumner

(No. _____)

St. _____

Ward _____

2. FULL NAME James Wilson Kaye000

(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 2 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Stotherd6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20, 1854

7. AGE

84

MONTHS _____

18

8. IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Physician, M.D.

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

(Retired)10. Date deceased last worked at this occupation (month and year) 1-9-1011. Total time (years) spent in this occupation 2012. BIRTHPLACE (CITY OR TOWN) Linthwaite(STATE OR COUNTRY) Huddersfield, England13. NAME Joseph Kaye14. BIRTHPLACE (CITY OR TOWN) England

(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Grayshaw16. BIRTHPLACE (CITY OR TOWN) England

(STATE OR COUNTRY)

17. INFORMANT Miss Adah E. Kaye(ADDRESS) Sumner, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Laclede, MoDATE Apr 10, 193819. UNDERTAKER Royal Funeral Home(ADDRESS) Brookfield, Mo20. FILED April 10, 193819381938Mrs. Clyde Stevens

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8, 193822. I HEREBY CERTIFY, That I attended deceased from several years ago, to Apr 8, 1938I last saw him alive on Apr 7, 1938. Death is saidto have occurred on the date stated above, at 10 p.m.

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

According to final diagnosesOther contributory causes of importance: 81

Name of operation _____ Date of _____

What test confirmed diagnosis? Amputation 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) J. W. Standy, M. D.835 (Address) Sumner, Mo

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.

