

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.

FEBRUARY 23 1939

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph (No. 3)

Registration District No. 85
Primary Registration District No. 1001

File No. 5968
Registered No. 179
St. State Hospital #2 Ward

2. FULL NAME Cleta Kye

(a) Residence, No. 626 Troost, K.C., Mo. St. Ward. Kansas City, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 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 John Kye

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6, 1898

7. AGE YEARS MONTHS DAYS LESS than 1 day, hrs. or min.
41 0 18

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) Omaha, Neb.13. NAME Jefferson Mc Donald14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co., Missouri15. MAIDEN NAME Mary Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.17. INFORMANT (ADDRESS) Records State Hosp #218. BURIAL, CREMATION, OR REMOVAL PLACE Asylum City DATE Feb 28, 193919. UNDERTAKER (ADDRESS) Samuel Motony20. FILED Feb 28, 1939 H. J. Neel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 24, 193922. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Feb 24, 1939I last saw her alive on Feb 23, 1939 Death is saidto have occurred on the date stated above, at 1309 m.

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

Pulmonary Tuberculosis 1939

Other contributory causes of importance: 20'

Idiopathic Epilepsy 1932

Name of operation none Date of
What test confirmed diagnosis? Clinical Autopsy Was there an autopsy? Yes

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? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury 24. Was disease or injury in any way related to occupation of deceased? noIf so, specify (Signed) A. E. Miller M. D.(Address) State Hospital #2St. Joseph, Mo.

J. _____ Patent No. _____

hereby _____ of this

C. _____

or by _____ No. _____

NOTE: The above **MUST BE CITED BY THE USER** wherever in his own work used.
(Failure to comply with this regulation can result in a fine for violation of statute)