

REC'D SEP 19 1939

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

29035

Do not use this space.

1. PLACE OF DEATH Douglas  
 (a) County Mary Ann Kyle Registration District No. 974  
 (b) Township Springcreek Primary Registration District No. 5582  
 (c) City Ava, Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Ann Thompson Kyle  
 (a) Residence, No. Howard Ridge, Ark. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam Kyle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 22, 1861</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>8</u>	DAYS <u>3</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as 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) <u>Virnna, Ill.</u>		
FATHER	13. NAME <u>William James Thompson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Minerva Peterson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vienna, Ill.</u>	
17. INFORMANT (ADDRESS) <u>J. J. Thompson</u> <u>Ava, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fannon</u> DATE <u>8-27-1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Christenburgh</u>		
20. FILED <u>Aug 28, 1939</u> <u>Dora Mendel</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25-1939

22. I HEREBY CERTIFY, That I attended deceased from on Aug 25, 1939, to Aug 26, 1939  
 I last saw her alive on Aug 25, 1939. Death is said to have occurred on the date stated above, at 8:25 p.m.  
 The principal cause of death and related causes of importance were as follows:  
apoplexy  
 Date of onset 8/25/39

Other contributory causes of importance:  
arterio sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? W

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? W  
 If so, specify \_\_\_\_\_ (Signed) R. M. Norman, M. D.  
 (Address) Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X18905

*S. R. M. Norman*

RECEIVED

District Health Officer No. 6,

District File 939-1892

Date Filed SEP 14 1939

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**