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.

MAR DEC 11 1940

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

Do not use this space.

39048

1. PLACE OF DEATH
County Lawrence — Registration District No. 467 — File No.
Township 3 — Primary Registration District No. 4280 — Registered No. 74
City Aurora (No. , St. Ward)

2. FULL NAME Kyle, Mrs. Anna Belle
(a) Residence, No. Marionville, Mo St. R7D#1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kyle, Robert J.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 12 - 1873

7. AGE: YEARS 67 — MONTHS 9 — DAYS 14 — 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~~): Marionville Missouri

FATHER
13. NAME: Charles, Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? ?

MOTHER
15. MAIDEN NAME: Mary Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? ?

17. INFORMANT (ADDRESS): Kyle ~~[illegible]~~ W.C. Marionville, Mo R7 [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marionville Mo DATE 11-28 1940

19. UNDERTAKER (ADDRESS): Bradford Funeral Home Marionville

20. FILED Nov 26 1940 R. B. Cowan M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 26. 1940

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1940, to November 26, 1940
I last saw her alive on 11-26-40, 1940 Death is said to have occurred on the date stated above, at 10.00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/24/40

Other contributory ~~causes of importance~~: S.R.W.
Hypertension
Arterio-Sclerosis

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

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) R. B. Cowan, M. D.
(Address)

RECEIVED
District Health Officer No. 6,
District File Number 1240—3000
Date Filed DEC 10 1940