

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

Do not use this space.

21

2603

1. PLACE OF DEATH

3 1/2
5
0
County DeKalb Registration District No. 262
Township Polk Primary Registration District No. 4161
City Union Star, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Margaret Kyle 460
(a) Residence, No. Union Star, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eldridge V. Kyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1855
7. AGE YEARS 82 MONTHS 6 DAYS 2 da If LESS than 1 day, _____ hrs. _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1938
22. I HEREBY CERTIFY, That I attended deceased from January 1937 to January 15, 1938
I last saw him alive on January 15, 1938. Death is said to have occurred on the date stated above, at 5:00 A.M.
The principal cause of death and related causes of importance were as follows:

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

Thrombocytitis obliterans (legs) Date of onset 12/24/37

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) 1938
11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 99
Hypertension

12. BIRTHPLACE (CITY OR TOWN) Bowerston (STATE OR COUNTRY) Ohio

13. NAME Jacob Norrick

14. BIRTHPLACE (CITY OR TOWN) Harrison County (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Margaret Johnston

16. BIRTHPLACE (CITY OR TOWN) Harrison County (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. H. E. Parrish (ADDRESS) Craig, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo. DATE Jan. 16, 1938

19. UNDERTAKER Lucile M. Wilson (ADDRESS) King City, Mo.

20. FILED Jan 16 1938 E. W. Reynolds Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Arthur E. Rockhold M.D. 3
Union Star, Mo. (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CITY OF UNION STAR, MISSOURI

MISSOURI STATE BOARD OF HEALTH

