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

Do not use this space. Ferry

9279

File No. .....

Registered No. 29

1. PLACE OF DEATH

County: Vernon — Registration District No. 875

Township: Washington — Primary Registration District No. 6162

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ben Franklin Pyles

(a) Residence. No. ~~East Hoplo Ave~~ 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. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	wid

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Eliza Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	3	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farm & cow-lab

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Josiah Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Q. Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Harry Clair
(Address) Marshfield, Mo

15. FILED 3-5-1929 E. R. Ring REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1928, to Feb. 7, 1929, that I last saw him alive on ....., 1929, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cellulitis of hand
(from carbuncle)
1928
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Incision of hand DATE OF 1/3/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. J. O'Dell, M. D

Feb. 7, 1929 (Address) Nevada

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mansfield Mo	2/9/1929
20. UNDERTAKER	**ADDRESS**
Ferry Funeral Home	Nevada

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSES, not modes of dying, so that it may be properly classified. Exact statement of OCCUPATION is very important.