

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

Do not use this space.

3716

**1. PLACE OF DEATH**

County Shannon

Registration District No. 924

Township Union

Primary Registration District No. 6076

City..... (No.....)

File No.....

Registered No.....

St..... Ward.....

**2. FULL NAME**

Mary Pyatt

(a) Residence. No..... St..... Ward.....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**4. COLOR OR RACE**

A

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Ernest Pyatt

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

Jan 14 - 1885

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>85</u>	<u>-</u>	<u>-</u>	<u>-</u>

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

Widow

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo

**10. NAME OF FATHER**

Sturmsman

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Margaret Fauchet

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo

**14. INFORMANT**

(Address)

Ernest Pyatt  
Union Mo

**15. FILED**

1-19-1930

Frank Hyde M.D.

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan - 14 - 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Jan 1 - 1930 **to** Jan 14 - 1930 **that I last saw him alive on** Jan 1 - 1930 **and that death occurred, on the date stated above, at** 12 **m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy  
92A

**CONTRIBUTORY (SECONDARY)**

7/4-1930

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH..... DATE OF**

**20. WAS THERE AN AUTOPSY?**

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) Frank Hyde M. D.

\*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**

Trinity Cemetery Bethel

1 - 20 1930

**20. UNDERTAKER**

**ADDRESS**

now

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.

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31

