

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

Do not use this space.

1824

1. PLACE OF DEATH

67 County Mississippi Registration District No. 566
 Township Springfield Primary Registration District No. 5262
 City Charleston (No.) St. Ward)

2. FULL NAME

Tharke Hyles
 (a) Residence. No. A.V. Goodin Farm St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Near 61

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Farm labor 2
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Mississippi 2

PARENTS
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Oliver Miller
 (Address) RFD #12 - Charleston, Mo.

15. FILED 1/28/1932 F. D. Vernon REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH 6:30 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/28 A 1932

17. I HEREBY CERTIFY, That I attended deceased from see 20 1931, to Jan 28 1932 that I last saw him alive on see 20 1931, and that death occurred, on the date stated above, at, 6, 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
with Aortic Insufficiency
92A
93C (duration) 1 yr. or more mo. ds.
 CONTRIBUTORY (SECONDARY) arterio-sclerosis
97 (duration) 1 yr. or more mo. ds.

18. WHERE WAS DISEASE CONTRACTED 12A

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF..... ①

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. S. Love M. D.

129 1932 (Address) Charleston, Mo.

*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 Oak Grove DATE OF BURIAL 1/28 1932

20. UNDERTAKER Lan and Co. 201 1/2 ADDRESS Charleston, Mo.

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. FEB 24 1932

D. Love