

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan,

Registration District No. 81

Township.....

Primary Registration District No. 4049

City DeKalb,

(No. DeKalb, Mo.)

File No. 23242

Registered No. 3

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Milton Pyles,

(a) Residence, No. DeKalb, 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 76 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

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

Sarah Jane Pyles,

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

May 10, 1848

7. AGE

YEARS

86

MONTHS

2

DAYS

15

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Farmer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farm,

10. Date deceased last worked at this occupation (month and year) July 1909

11. Total time (years) spent in this occupation. 45

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

Platte County, Missouri.

FATHER

13. NAME

Hambury J. Pyles,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mason County, Kentucky,

MOTHER

15. MAIDEN NAME

Jane Dye,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mason County, Kentucky,

17. INFORMANT (ADDRESS)

Mrs. John M. Pyles DeKalb, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DeKalb Mo.

DATE Jul 26th, 1934

19. UNDERTAKER (ADDRESS)

Horton B. Gale & Bowman St. Joseph, Mo. Funeral Home

20. FILED

July 27, 1934

J. W. McAdow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 25, 1934

22. I HEREBY CERTIFY That I attended deceased from

July 1933 to July 25, 1934  
I last saw him alive on July 25, 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis.

Date of onset

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 1934

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) J. W. McAdow, M. D.

(Address) DeKalb, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 15 1934

