

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

Do not use this space.

24145

1. PLACE OF DEATH

County Green
 Townshp. _____
 City Springfield Mo. (No. _____)

Registration District No. 318
 Primary Registration District No. 1001
Burge Hospital

File No. 379
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Greenfield 7020 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 L. E. Ryals.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or	IF LESS than 1 day, or
	<u>61</u>	<u>8</u>	<u>9</u>	hrs.	min.

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

13. NAME M. D. Stephenson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.

15. MAIDEN NAME Emily Withers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Mo.

17. INFORMANT P. E. Ryals (ADDRESS) Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield Cem. DATE Jul 30, 1934

19. UNDERTAKER J. W. Ward (ADDRESS) Greenfield, Mo.

20. FILED 7-30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1934

22. I HEREBY CERTIFY That I attended deceased from July 28, 1934, to July 28, 1934. I last saw her alive on July 28, 1934. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Extensive superficial lacerations of abdomen, face, arms, & legs, third degree

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 28, 1934

Where did injury occur? Greenfield, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Gasoline stove exploded

Nature of injury Burn

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

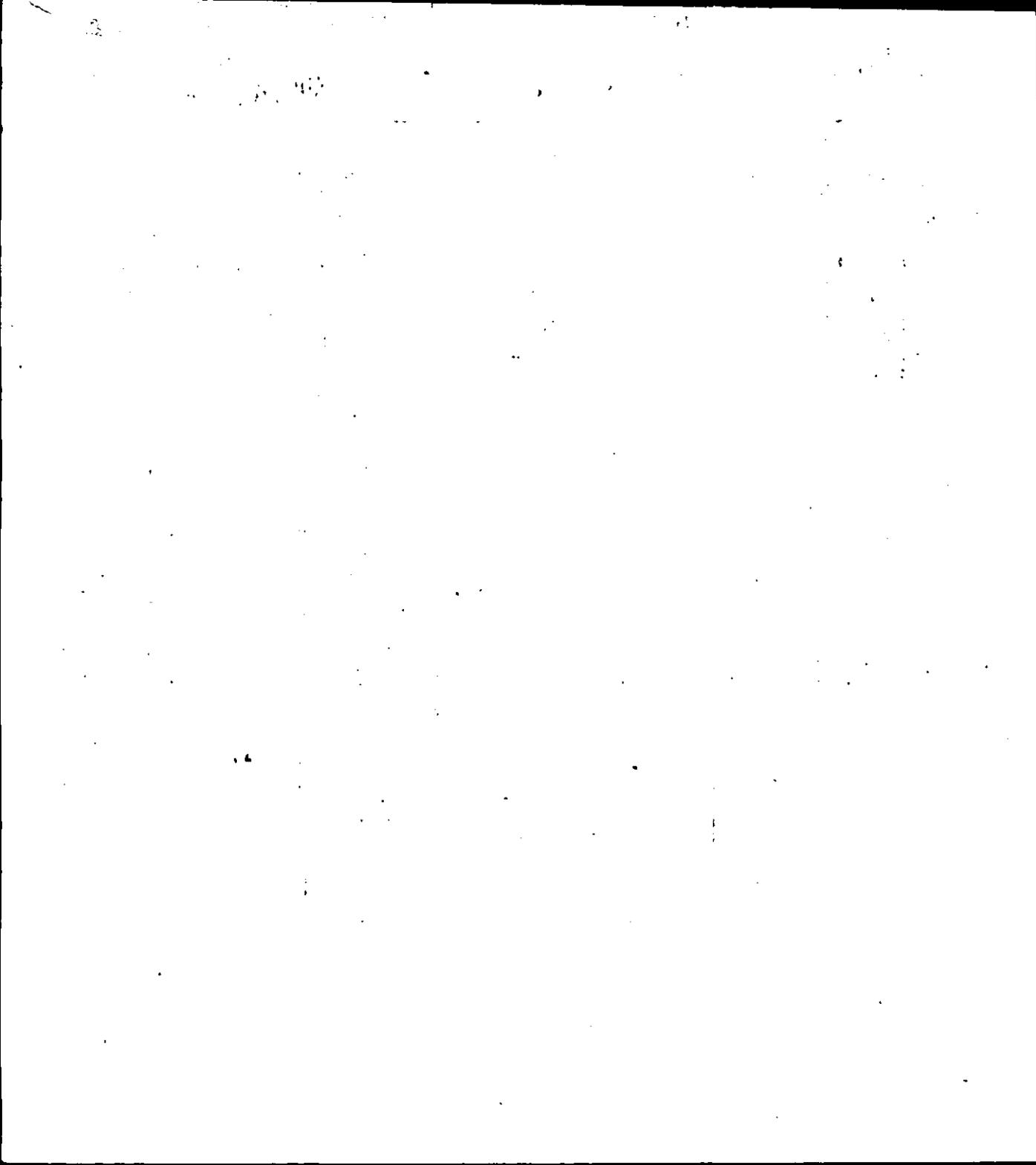
(Signed) M. D. Cowan, M. D.

(Address) Greenfield, 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 8 1934



#2

*Green
Springfield*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Pauline Pyala
Who died at _____ on July 28, 1934
Residence: No. _____ St.
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex ♀ Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Extension superficial burns of abdomen face, arms, & legs third degree. Not for Home

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no.

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar John W. [unclear] Date filed 9/17/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 318

Primary Reg. Dist. No. 2001

E. T. McGaugh
Special Agent.

24145