

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.

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Bettler Registration District No. 92
Township Wells Bluff Primary Registration District No. 5-137
City (No. _____) _____ Ward _____

File No. 28467
Registered No. _____

2. FULL NAME

Edward Jr. Pyle
(a) Residence, No. near Dublin 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 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 5 22

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

13. NAME E. D. Pyle

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

15. MAIDEN NAME Pearlie Easters

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

17. INFORMANT (ADDRESS) J. R. Pyle
Dublin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopwood Mo. DATE Aug 20, 1934

19. UNDERTAKER (ADDRESS) Laudens & Son
Campbell Mo.

20. FILED 10-10, 1934 Deato Cash
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1934

22. I HEREBY CERTIFY That I attended deceased from Aug 18, 1934, to Aug 19, 1934
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9: P. m.
The principal cause of death and related causes of importance were as follows:

Diphtheria
10
10
Other contributory causes of importance: _____
Date of onset: 8/15/34

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. J. Campbell M. D.
(Address) Campbell, Mo

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument
 is situated in the County of [County Name], State of [State Name],
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any relevant survey information.]

The above-described tract of land is owned by [Owner Name],
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the
 office of the County Clerk of the County of [County Name],
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set his
 hand and the seal of said County, at [City], [State], this
 [Date] day of [Month], 19[Year].

[Signature of County Clerk]