

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

Do not use this space.

31710

114 ^{MAY 29 1935}
1. PLACE OF DEATH
County Wright Registration District No. 906A.
Township Brown Primary Registration District No. 6224
City (No.) St. Ward)

File No.
Registered No. 56

2. FULL NAME Margarett Balinda Pyatt
(a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. J. Pyatt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26 1868</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>#</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1928</u>	11. Total time (years) spent in this occupation. <u>60 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright Co. Mo</u>		
FATHER	13. NAME <u>Joseph B. Kendrick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
MOTHER	15. MAIDEN NAME <u>Louise Hyde</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
17. INFORMANT <u>Walter Pyatt</u> (ADDRESS) <u>Hartsville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Int Zion</u> DATE <u>Sept 30 1935</u>		
19. UNDERTAKER <u>R. M. Garner</u> (ADDRESS) <u>Lawrence Mo.</u>		
20. FILED <u>May 2 1935</u> <u>Carl E. Ellis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1935 to Sept 29 1935
I last saw her alive on Sept 19 1935. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Colon (Transverse Colon)
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Date of onset

Other contributory causes of importance:

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) J. R. West, M. D.
(Address) Hartsville Mo.

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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