JAN 15 1936

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

Do not use this space.

38758

**1. PLACE OF DEATH**

County: Caldwell — Registration District No.: 93 — File No.: 38758

Township: Davis — Primary Registration District No.: 4055 — Registered No.: 28

City: Braymer (No. ..... , ..... St. ..... Ward)

**2. FULL NAME** Elizabeth Pye

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Henry Pye

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15 1851

7. AGE: YEARS 84 — MONTHS 4 — DAYS 21 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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: 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn. Ind.

FATHER
13. NAME: Mr. Mazon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): W. H. Pye, Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Everton — DATE: 12/3/35, 19

19. UNDERTAKER (ADDRESS): B. F. Mead, Braymer, Mo.

20. FILED: Dec 7, 1935 — H. H. Patterson, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 6, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov-14, 1935, to Dec-6, 1935. I last saw her alive on Dec-6, 1935. Death is said to have occurred on the date stated above, at 3:10 p.m.

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

Cortic Stenosis (Decompensation) — Date of onset

Other contributory causes of importance: Influenza

Name of operation: Nix — Date of: None

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? No — Date of injury: No
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: None
(Signed) Verdina B. Trosley M. D.
(Address) Braymer 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.

100M-11-24-33

1935 - 12 - 6
1[illegible]1 - 9 - 13
84 - 4 - 21