

MAR 12 1936

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

Do not use this space.

7609

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. 791

Primary Registration District No. 10000

File No.

Registered No. 1255

(No. *En route to City Hospital*)

St. Ward)

2. FULL NAME

(a) Residence, No. 3067 Marcus avenue St. 6 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

Roland Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17th 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 14

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

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) Reynolds County, Mo.

FATHER 13. NAME James H. Pyles,

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Roland Mann (ADDRESS) 3067 Marcus ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb 4th 1935

19. UNDERTAKER Sheek and Dickman (ADDRESS) 3039 Benton av.

20. FILED FEB 10 1935 J. P. Bredeck Registrar.

NON-MEDICAL CERTIFICATE OF DEATH
No physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw him alive on 12-25, 19... Death is said

to have occurred on the date stated above, 12-25.

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

Tuberculous Sclerosis
Chronic Myocarditis
Chronic Glomerulonephritis
Hypertension
Atherosclerosis

Date of onset:

Other contributory causes of importance: 131

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

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?

If so, specify

(Signed) *W. J. ...* M. D.

(Address) *... Coronado*

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.

