

MAR 12 1936

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

Do not use this space.

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1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City St Louis Mo. (No. 1329 Biddle St.) St. Ward)

File No.
Registered No. 1472

2. FULL NAME Will Pyles

(a) Residence, No. 1329 A Biddle St St. 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-29-1886

7. AGE YEARS 49 MONTHS 11 DAYS 5 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Renick (STATE OR COUNTRY) Mo.

13. NAME John Pyles

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

15. MAIDEN NAME Minnie Hocker

16. BIRTHPLACE (CITY OR TOWN) Renick (STATE OR COUNTRY) Mo.

17. INFORMANT Minnie Edwards (ADDRESS) 1329 A Biddle St

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Duskum DATE 2/10 1936

19. UNDERTAKER Eller Funeral Home (ADDRESS) 2520 Stoddard St

20. FILED FEB 10 1936 19 JT Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 , 19 36

22. I HEREBY CERTIFY, That I attended deceased from , 19....., to..... , 19.....

I last saw h..... alive on..... , 19..... Death is said to have occurred on the date stated above, at 12/30m P.M.

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

Pulmonary Haemorrhage, Pulmonary Tuberculosis.

(no trauma)

Other contributory causes of importance: 23

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? ✓ 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) Harold Pyles (Address)

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.

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