

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

Do not use this space.

28412

1. PLACE OF DEATH

39 County Greene Registration District No. 318 File No. 28412
 Township Campbell Primary Registration District No. 5440 Registered No. 52
 City Springfield (No. 1) Federal Hospital Ward

2. FULL NAME PYLES, Bob 47.0

(a) Residence, No. _____ St. _____ Ward. Tulsa, Oklahoma
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug., 1892

7. AGE YEARS 46 MONTHS ? DAYS ? If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
 10. Date deceased last worked at this occupation (month and year) DK 11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

FATHER 13. NAME John Pyles

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

MOTHER 15. MAIDEN NAME Emma Webster

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

17. INFORMANT Deceased (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Beggs, Okla. DATE 1-16-38

19. UNDERTAKER Alma Lohmeyer Funeral Home (ADDRESS) Springfield, Missouri

20. FILED Jan 16, 1938 Chas. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1937, 19____ to Jan. 14, 1938, 19____

I last saw him alive on Jan. 14, 1938, 19____ Death is said to have occurred on the date stated above, at 6:20 p.m.

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

Syphilitic meningitis 34 Date of onset unknown
Internal hydrocephalus 34 unknown
~~Sarcoidosis of the lungs~~
~~Infarction of the brain~~
~~Stroke~~

Other contributory causes of importance:
Cerebral atrophy, localized (due to old skull fracture 5 yrs ago)
Aortitis, syphilitic unknown
Hypertension unknown

Name of operation none Date of _____
 What test confirmed diagnosis? autopsy 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) H. Smith A. A. Surgeon, M. D.
 (Address) Clinical Director, USHDD,
Springfield, Mo.

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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FEB 24 1938

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