REC'D JUN 8 1938

Dr. Bruton

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

18253
Do not use this space.

1. PLACE OF DEATH
(a) County Greene
(b) Township
(c) City Springfield, Mo. (d) Street No. 1172 N. Rogers St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 316
Primary Registration District No. 2001
Registered No. 388

2. PRINT FULL NAME Henietta Craig Pyles
(a) Residence, No. 1172 N. Rogers St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Ben Pyles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9, 1865

7. AGE: Years 73; Months ~~4~~ 2; Days 25; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as 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): Missouri

FATHER
13. NAME: John Craig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.J.

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

17. INFORMANT: Ben Pyles
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eastlawn DATE May 6, 1938

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer F. H.
(ADDRESS) Springfield, Mo.

20. FILED May 6, 1938 Chas A. Georgi M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to May 4, 1938
I last saw ~~he~~ alive on May 4, 1938 Death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 3/4/38

UK

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) J. S. Bruton, M. D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, yes

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L Donlin Gorma

Licensed Embalmer No. 3177

P. O. Address Springfield N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.