

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.

REC'D JAN 23 1938

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

Do not use this space.

44829

1. PLACE OF DEATH

County *Wayne*

Registration District No. *890*

Township *St. James*

Primary Registration District No. *4034*

City

(No. *6187*)

St.

Ward

2. FULL NAME

Edward Pleasant Hyles

(a) Residence, No. *Hyles*

St.

Ward.

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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

Kitty Hyles

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

Jan 10 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

6

18

OCCUPATION

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

Farmer

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 *40 yrs*

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

Hyles, MO

FATHER MOTHER

13. NAME

Henry Hyles

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

Virginia

15. MAIDEN NAME

Sevilla Cheek

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

Not Known

17. INFORMANT (ADDRESS)

Mr Hyles

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Patterson

DATE

Jan 3 1937

19. UNDERTAKER (ADDRESS)

Coy Funeral Service 817 S. Sumner St. M.

20. FILED

7-23

19

37

23

1937

23

1937

23

1937

23

1937

23

1937

MEDICAL CERTIFICATE OF DEATH

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

May 3 1937

22. I HEREBY CERTIFY That I attended deceased from

Feb 1 1937 to June 30 1937

I last saw him alive on *July 30 1937* Death is said

to have occurred on the date stated above, at *11:30 a.m.*

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

Circumstances of Death

Date of onset

Other contributory causes of importance:

174

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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)

E. J. James, M. D.

(Address)

Piedmont, Mo.

Registrar

