

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

36097
Do not use this space.

1. PLACE OF DEATH: GREENE Registration District No. 315
 (a) County: GREENE Primary Registration District No. 200Y Registered No. 788
 (b) Township: or City: SPRINGFIELD (d) Street No. City Hospital St.
 (c) 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.
 2. PRINT FULL NAME: Sylvia Corine Powell Pyles
 (a) Residence, No. 1025 E Pythian St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
 4. COLOR OR RACE: Colored
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF:
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 24-1928
 7. AGE: YEARS 10, MONTHS 10, DAYS 2
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: School girl
 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): Mo
 13. NAME: Everett Powell Pyles
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
 15. MAIDEN NAME: Lena Gray
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
 17. INFORMANT (ADDRESS): Lena Gray, 1025 Pythian
 18. BURIAL, CREMATION, OR REMOVAL PLACE: Payne Cem, DATE: Oct 29, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS): McCampbell, 869 Wash. Ave
 20. FILED: Oct 28, 1939, Chas. A. Hargrett, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-26-1939
 22. I HEREBY CERTIFY, That I attended deceased from 10-11-39, 19, to 10-26, 1939
 I last saw her alive on 10-25, 1939. Death is said to have occurred on the date stated above, at 8:47 m.
 The principal cause of death and related causes of importance were as follows:
 Post infectious encephalitis 10-10-39
 Influenza? 10-3-39
 Other contributory causes of importance: 11
 Name of operation: none 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? no
 If so, specify:
 (Signed) Urban J. Basink, M. D.
 (Address) 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.

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, or by.....

W.P. Campbell

....., Registered Apprentice No.....

working under my personal supervision.

Signed *W.P. Campbell*

Licensed Embalmer No. *1747*

P. O. Address *Springfield*

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

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