D. Clark.

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

Do not use this space.

DEC 15 1939

1. PLACE OF DEATH

County Green — Registration District No. 317 — File No. 39665

Township Pond Creek — Primary Registration District No. 5437 — Registered No.

City Republic, Mo. (No. ..... St. ..... Ward)

2. FULL NAME John F Pyeatt

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

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: Male
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: Myrtle Pyeatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 16, 1863

7. AGE: YEARS 76 — MONTHS 8 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Goodson Missouri

FATHER

13. NAME: John Fowler Pyeatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Goodson~~ Mouse Texas

MOTHER

15. MAIDEN NAME: Elizabeth Meginnis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Orton Pyeatt, Republic Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Prairie DATE Nov 15, 1939

19. UNDERTAKER (ADDRESS): A. J. Wallace, Billings, Mo.

20. FILED Nov. 14, 1939 Mrs Bertha Nance, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1939, 19..., to Nov. 13, 1939, 19...

I last saw him alive on Nov 13, 1939, 19... Death is said to have occurred on the date stated above, at 9:20 A.m.

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

	Date of onset
Primary Splenomegaly. Some 3 years	
Splenomegalia	

Other contributory causes of importance:

Name of operation none 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? No
If so, specify

(Signed) S. W. Clark, M. D.
(Address) Halltown, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.