

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

41054
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township _____ Primary Registration District No. 3039
 (c) City or Nevada (d) Street No. _____ 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.

2. PRINT FULL NAME

(a) Residence, No. 1503 N. Main Street 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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Patricia M. Pyle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4 1881</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>0</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Butcher</u>		
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) <u>Waskar Missouri</u>		
13. NAME <u>Thomas J. Pyle</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Ollie White</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Herbert Pyle Nevada Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winton B. Park</u> DATE <u>Dec. 3 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hayes Funeral Service Nevada Mo.</u>		
20. FILED <u>12/2</u> 19 <u>39</u> <u>Ellen E. Hayes</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1937, to Nov 3, 1939
 I last saw him alive on Nov 28, 1939 Death is said to have occurred on the date stated above, at 10:30 pm.
 The principal cause of death and related causes of importance were as follows:
Central hemorrhage
 Date of onset 11/20/39

Other contributory causes of importance:
Essential hypertension?

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? no Date of injury _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. W. Pearce, M. D.
 (Address) Nevada 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.

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

12-34-1730
1247-39

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.....

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

working under my personal supervision.

Signed.....

Allen V. Hays

Licensed Embalmer No.....

1968

P. O. Address.....

Neenah, Wis

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.