

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

26560

Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 891
 (b) ~~Township~~ Repton Primary Registration District No. 1540
 (c) City Piedmont (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 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 19

2. PRINT FULL NAME Herman Anthony Pyles

(a) Residence, No. Piedmont, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Feb 19, 1916
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 5 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Store
 10. Date deceased last worked at this occupation (month and year) July, 1940 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County Mo.

FATHER 13. NAME E. P. Pyles
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ruble Mo.

MOTHER 15. MAIDEN NAME Grace Shaver
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County

17. INFORMANT (ADDRESS) E. P. Pyles Piedmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery DATE July 30, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman W. Gish Piedmont, Mo.

20. FILED 8-13-1940 T. G. Pyles, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1940, to July 28, 1940.
 I last saw him alive on 7/28/40, 19____. Death is said to have occurred on the date stated above, at 9:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Fracture of skull crushed left chest possible internal (abdominal) injuries
 Date of onset _____

Other contributory causes of importance: _____

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? accident Date of injury 7/28, 1940
 Where did injury occur? Piedmont, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. auto accident - highway 34

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____

(Signed) H. Pyles, M.D. M. D.
739 (Address) Piedmont, 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.

210A
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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, or by.....

Norman W. Gish....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Norman W. Gish*

Licensed Embalmer No. *3357*

P. O. Address *Madison*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 265-60

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 891

Primary Registration District No. 45-40

Registrar's No. 19

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Wayne
(b) City or town: Piedmont
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Herman Anthony Pyle
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____

4. Sex: m 5. Color or race: w 6. (a) Single, widowed, married, divorced: s

6. (b) Name of husband or wife: _____ 6. (c) Age of husband, or wife, if alive: _____ years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 24 Months 5 Days 9 If less than one day hr. min.

9. Birthplace: (City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

12. Name: _____

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name: _____

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: _____

(b) Address: _____

17. (a) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: _____

(b) Address: _____

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: _____ (b) County: _____
(c) City or town: _____ (If outside city or town limits write "RURAL")
(d) Street No.: _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

20. DATE OF DEATH: Month July day 28 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: fract. skull

Crushed left chest.

Possible external abdominal injuries

Due to Failed to make curve

crashed into bank.

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations: 7/17/40

Of autopsy: 7/27/40

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury: _____

23. Signature: H. H. Clive (M. D. or other) Address: Piedmont Date signed: _____

SUPPLEMENTARY

PHYSICIAN
Underline the cause to which death should be charged statistically.

