

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

21686

Do not use this space.

1. PLACE OF DEATH

(a) County Home Registration District No. 318
(b) Township Springfield Primary Registration District No. 2001 Registered No. 476 111
(c) City Springfield (d) Street No. Springfield Baptist 14 days St. Mo.
(If death occurred in Hospital or Institution, write name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mo. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Hartsville, Mo. St. Hartsville, Mo.
(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
43 5 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) May 20 - 41 11. Total time (years) spent in this occupation. Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co., Mo.
13. NAME W. T. Pyatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri
15. MAIDEN NAME M. B. Rindick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri
17. INFORMANT (ADDRESS) May Pyatt Hartsville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE MT Zion DATE June 12 41
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray James Marshall Mo.
20. FILED 6-12 41 W. E. Handley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from

May 27, 1941, to June 10, 1941I last saw him alive on June 9, 1941. Death is saidto have occurred on the date stated above, at 5:45 Am.

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

Obstruction of bowels
Volvulus

Date of onset

Other contributory causes of importance: 122 12

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) Abelis Smith, M. D.(Address) Springfield, Mo.

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 *[Signature]*

Licensed Embalmer No. *3312*

P. O. Address *Marshall Mo*

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.

X