

DEC 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County DadeRegistration District No. 238Township StocktonPrimary Registration District No. 4145City Lockwood

(No. ....)

St. ....

Ward) .....

File No. 41087

Registered No. ....

2. FULL NAME Rachel, Margaret, Pyle

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Wife of R.C. Pyle

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 20, 1858

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

3078713

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

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)

Stockton Missouri

## 13. NAME

Dont Know

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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## 15. MAIDEN NAME

Dont Know

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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## 17. INFORMANT (ADDRESS)

Frank Keller Lockwood Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Grove DATE Aug 4 1937

## 19. UNDERTAKER (ADDRESS)

R. L. Haunschild Lockwood, Mo.20. FILED 8-3 1937Registrar. J. C. Wren

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 193722. I HEREBY CERTIFY, That I attended deceased from July 3 1937, to Aug 12 1937I last saw her alive on Aug 12 1937. Death is saidto have occurred on the date stated above, at 7.30 P.M.

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

Hardening of Arteries Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? - Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? - Date of injury - 1937Where 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) T. H. Combs M. D.(Address) Lockwood 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.

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4  
62  
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