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.

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

PLACE OF ~~DEATH~~

County Barton

Township _____ or Village _____ or City Lamar (NO. _____, _____ St.; _____ Ward)

Registration District No. 40 File No. 31389

Primary Registration District No. 4024 Registered No. 49.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Wm Elbert Pyle

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR OR RACE: Whl

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: 1 (Month) 13 (Day), 1857 (Year)

AGE: 57 yrs. 9 mos. 2 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): _____

BIRTHPLACE (City or town, State or foreign country): Ills

PARENTS
NAME OF FATHER: R. B Pyle
BIRTHPLACE OF FATHER (City or town, State or foreign country): Ind
MAIDEN NAME OF MOTHER: Mrs Tempy Clark
BIRTHPLACE OF MOTHER (City or town, State or foreign country): ~~Ill~~ Tenn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James N. Coy

(ADDRESS) 51 + McGuest Ke. Mo

Filed Oct 16, 1914. Hoyt Humphrey Dep REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 15 (Day), 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from 10/7, 1914, to 10/15, 1914, that I last saw him alive on 10/15, 1914, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

infective peritonitis

117

(Duration) _____ yrs. _____ mos. 8 ds.

Contributory (SECONDARY) appendicitis

(Duration) 2 yrs. 6 mos. _____ ds.

(Signed) G B Walford M. D.

10/15, 1914 (Address) Lamar Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL: Mo East Cemetery Lamar

DATE OF BURIAL: Oct 16, 1914

UNDERTAKER: Hoyt Humphrey

ADDRESS: Lamar Mo

Revised United States Standard Certificate

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

PLACE OF DEATH

County _____

Township _____ Registration District No. _____ File No. _____

or

Village _____ Primary Registration District No. _____ Registered No. _____

or

City _____ (NO. _____, _____ St.; _____ Ward)

[If death occurred hospital or institu give its NAME in of street and numbe

FULL NAME Wm Elbert Pyle

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	White	married

DATE OF BIRTH 10 (Month) 15 (Day), 1914 (Year)

AGE 56 yrs. ____ mos. ____ ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Clayton Ill.

PARENTS
NAME OF FATHER Robt Brooks Pyle
BIRTHPLACE OF FATHER (City or town, State or foreign country)
MAIDEN NAME OF MOTHER Tempy Clark
BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James V Coy

(ADDRESS) 518 McGee St KC Mo

Filed _____, 191__, _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____ (Month) _____ (Day), 19__ (Y

I HEREBY CERTIFY, that I attended deceased _____, 191__, to _____, 19__ that I last saw h____ alive on _____, 19__ and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

_____

_____ (Duration) ____ yrs. ____ mos. ____

Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____

(Signed) _____

_____, 191__ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL _____, 19
UNDERTAKER	ADDRESS