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

Do not use this space.

43927

File No. 4830

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — 2/1

Township Kaw — Primary Registration District No. 1002

City Kansas City, Mo. (No. 308 So Van Brunt St. Ward)

2. FULL NAME Thomas M. Pile

(a) Residence, No. 308 So Van Brunt St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza Jenkins Pile

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/23/1855

7. AGE: YEARS 82 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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

26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Memphis, Mo. 2

FATHER

13. NAME: Benjaman Pile 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 2

MOTHER

15. MAIDEN NAME: Nancy Newton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Dr. F. P. Walker, 308 So Van Brunt

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memphis, Mo. DATE 12/1/37, 19

19. UNDERTAKER (ADDRESS): Sheil Funeral Home, 6606 Indep. Ave.

20. FILED Dec 1, 1937 M. M. Crowe, asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from several years, 19, to 11/30, 1937

I last saw him alive on 11/30, 1937. Death is said to have occurred on the date stated above, at 8 a.m.

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

| | Date of onset |
|---|---|
| Miocarditis | |
| Bronchial Asthma | |
| 93 D1 | |

Other contributory causes of importance: Senility

Name of operation none Date of —

What test confirmed diagnosis? Physical Was there an autopsy? no

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? no

If so, specify

(Signed) F. P. Walker, M. D.

(Address) 202 Rickwick Hotel

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.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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