

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

Do not use this space.

APR 29 1934

7878

1. PLACE OF DEATH

County Washington
Township Concord
City Concord (No.)

Registration District No. 886
Primary Registration District No. 6178

File No.
Registered No.
St. Ward

2. FULL NAME Miss Andrew Pyatt

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 .1934

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

22. I HEREBY CERTIFY, That I attended deceased from 2-20 1934 to 2-27 1934. I last saw him alive on 2-27 1934. Death is said to have occurred on the date stated above, at 7 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1864

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

7. AGE YEARS 72 MONTHS 5 DAYS 11 IF LESS than 1 day, hrs. or min.

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

Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

MOTHER 13. NAME David Pyatt

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Jas W Pyatt

18. BURIAL, CREMATION OR REMOVAL PLACE Matchell DATE 28 1934

19. UNDERTAKER (ADDRESS) Graves White, 124 S. 1st St., Concord, Mo

20. FILED 7-16 1934 J. D. Youngman Registrar

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? no
Also, specify
(Signed) J. D. Youngman M. D.
(Address) Concord, Mo

