

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

1 PLACE OF DEATH

County Morgan
Township
or
Village Barnett
or
City (NO. 1 St. 100 Ward)

Registration District No. 597 File No. 29292
Primary Registration District No. 4354 Registered No.

2 FULL NAME William James Tryon

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED single WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH May 30 1990 (Month) (Day) (Year)
7 AGE 14 yrs. 2 mos. 27 ds. If LESS than 1 day, hrs. or min.?

16 DATE OF DEATH August 27 1917 (Month) (Day) (Year)

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

17 I HEREBY CERTIFY, that I attended deceased from 1917 to 1917

that I last saw h..... alive on 1917 and that death occurred, on the date stated above, at 130 p.m.

9 BIRTHPLACE (City or town, State or foreign country) Rocky Mount. Mo.

The CAUSE OF DEATH* was as follows:
accidental - Thrown from a horse & dragged some distance

(Duration) yrs. mos. ds.

10 NAME OF FATHER James Tryon

CONTRIBUTORY (Secondary)

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Wrightsville Mo.

(Duration) yrs. mos. ds.

12 MAIDEN NAME OF MOTHER Mary Shelton

(Signed) J. F. Lester M. D.
Aug 28 1917 (Address) Barnett, Mo.

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Barnett, Mo.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Tryon
(Address) Barnett, Mo.

At place of death 6 yrs. mos. ds. In the 14 yrs. 9 mos. 27 ds. State

Whether was disease contracted if not at place of death?

Former or usual residence

15 Filed....., 191....., Registrar

19 PLACE OF BURIAL OR REMOVAL Duller Cemetery DATE OF BURIAL Aug 28 1917

20 UNDERTAKER H. K. Young ADDRESS Barnett, Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *meningitis*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

County Morgan

Registration District No. 597 File No. 17

Township or Village or City Barnett

Primary Registration District No. 4354 Registered No. 597

2 FULL NAME

Wills James Tyson

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED S
(Write the word)

16 DATE OF DEATH Aug 27 1917
(Month) (Day) (Year)

6 DATE OF BIRTH August 27 1903
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1917 to 1917
that I last saw h. alive on 1917

7 AGE 14 yrs. 2 mos. 27 ds. If LESS than 1 day... hrs. or... min.?

and that death occurred, on the date stated above, at 11 a.m.

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

The CAUSE OF DEATH* was as follows: bragled to death by information Horse

9 BIRTHPLACE (City or town, State or foreign country) Middle Co Mo

(Duration) 1 yrs. 0 mos. 0 ds.

10 NAME OF FATHER James Tyson

CONTRIBUTORY (Secondary) (Duration) 1 yrs. 0 mos. 0 ds.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Indiana

(Signed) J. P. Leslie M. D. 8/28 1917 (Address) Barnett Mo

12 MAIDEN NAME OF MOTHER Mary Shelton

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

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Tyson (Address) Barnett Mo

Where was disease contracted if not at place of death? Former or usual residence.

15 Filed 8/27 1917 W. F. Haller Registrar

19 PLACE OF BURIAL OR REMOVAL Doaly Cemetery DATE OF BURIAL 8/28 1917
20 UNDERTAKER N.A. Jones ADDRESS Barnett Mo.

Original file, date 8/27 1917

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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