

24 1928

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

Do not use this space.

29936

1. PLACE OF DEATH

County Banders
Township Carrollton
City Carrollton

Registration District No. 135
Primary Registration District No. 3010

File No.
Registered No. 87
St. Ward)

2. FULL NAME

Ralph E. Tyler

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-10-1910

7. AGE

YEARS MONTHS DAYS
18 | 4 | 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work In School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

Chariton Co Mo

10. NAME OF FATHER

James E Tyler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Chillicothe Mo

12. MAIDEN NAME OF MOTHER

Nellie Sumner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ill

14.

INFORMANT James E Tyler
(Address) Lafayette Ind.

15.

FILED 9-15-1928 M. E. E. Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-14-28 19

17. I HEREBY CERTIFY, That I attended deceased from 10-10
29, 1928, to 9-14-28, 1928
that I last saw him alive on 9-14-28, 1928, and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myelitis (Septic)
154

CONTRIBUTORY (SECONDARY)

155 A

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS? J. M. Pearson
(Signed) Carrollton Mo, M. D.

9-15, 1928 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Triplitt Mo

DATE OF BURIAL

9-16 1928

20. UNDERTAKER

Kelly Bros

ADDRESS

Carrollton Mo

A. 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.

