

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

Do not use this space.

35984

1. PLACE OF DEATH

County Jasper
Township Joplin, Mo.
City Joplin, Mo. (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. 420
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. St. Johns Hosp. St. _____ Ward _____
(Usual place of abode)

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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 - 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	37	11	13	-

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) Practice of Medicine
(c) Name of employer Self

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

10. NAME OF FATHER Dr. Jas. T. Jones

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

12. MAIDEN NAME OF MOTHER Mary Hardy

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

14. INFORMANT E. W. Franz
(Address) Joplin Mo.

15. FILED 10-26-1928 Dr. Hanson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1928, to Oct 25, 1928 that I last saw him alive on Oct 25, 1928 and that death occurred, on the date stated above, at 12:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis

12 1/2
131 (duration) 1 yrs. 1 mo. 14 da.

CONTRIBUTORY (SECONDARY) Appendicitis (Chronic)
(duration) 1 1/2 yrs. 1 mo. 14 da.

18. WHERE WAS DISEASE CONTRACTED Mo.
IF NOT AT PLACE OF DEATH Mo.

DID AN OPERATION PRECEDE DEATH Mo. DATE OF _____
WAS THERE AN AUTOPSY? Mo.

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ellsworth E. Moody, M. D.
10/25/28 (Address) Joplin Mo.

*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.

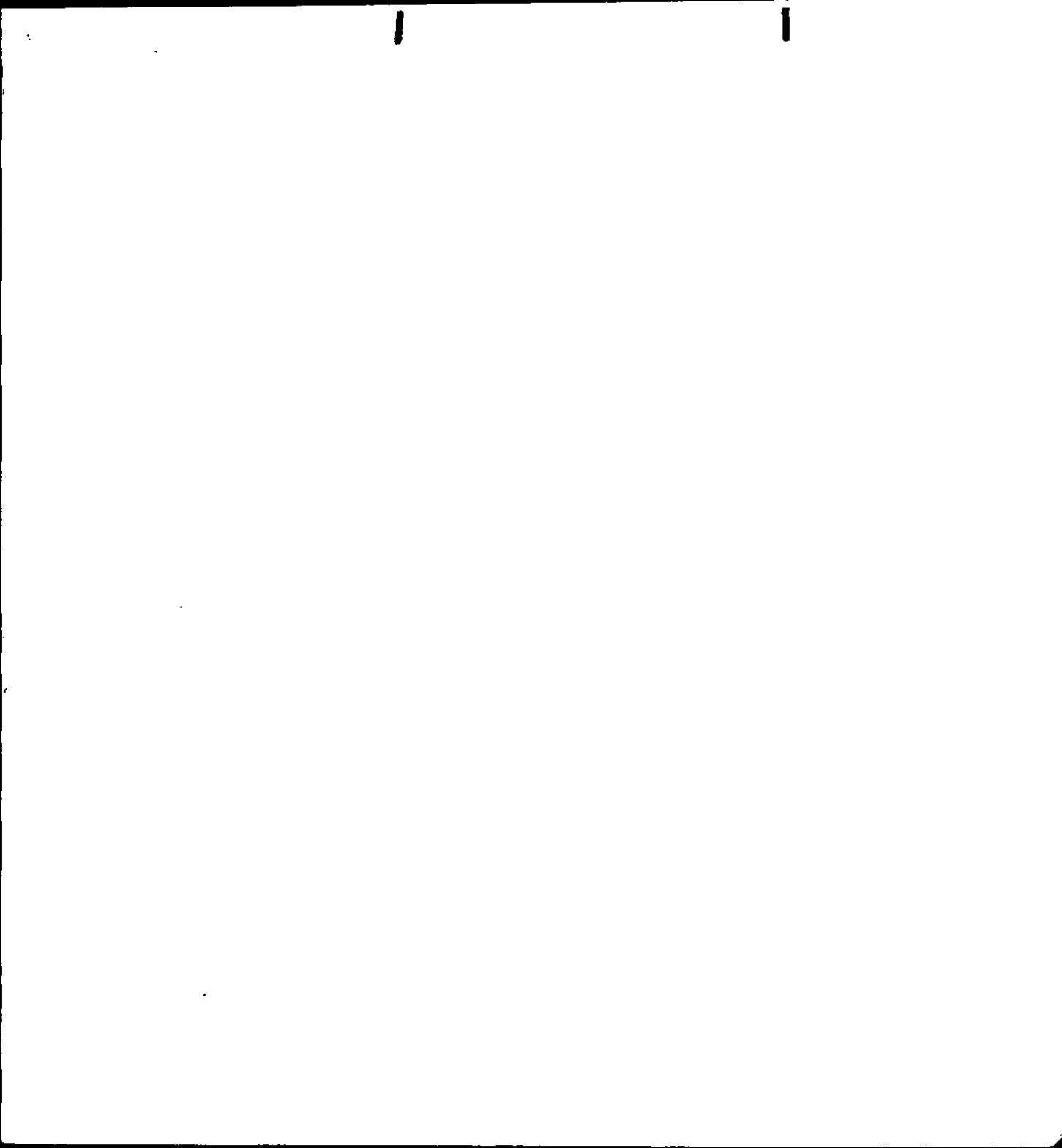
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Hope DATE OF BURIAL Oct. 27 1928

20. UNPERTAKER Frank Pierson Co. ADDRESS Joplin Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 2 1928



A. BENSON CLARK, M. D.
ROOMS 306-7-8 MINERS BANK BLDG.
JOPLIN, MISSOURI

April 4, 1929

State Board of Health
Jefferson City, Missouri
Bureau of Vital Statistics

RECEIVED

APR 5 - 1929
THE STATE BOARD OF HEALTH
OF MISSOURI.

Gentlemen:

You have a record of the death certificate of James Isreal Tyree, who died October 25, 1928 but through some error or other you have misspelled the name and it has been appearing on records from your office. Please correct the name on your records

Yours truly

ABC: REJ

A. B. Clark

5-33984