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

Do not use this space.

36455

1. PLACE OF DEATH Cole
County ..... Registration District No. 214 ..... File No. .....
Township Moreau ..... Primary Registration District No. 9294 ..... Registered No. 27
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ernest Elmer Tyree
(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 15 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(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) Russellville Mo

PARENTS
10. NAME OF FATHER Sam M. Tyree
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Spring Garden Mo
12. MAIDEN NAME OF MOTHER Clara M. Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Clean Mo

14. INFORMANT Samuel Tyree
(Address) Russellville Mo

15. FILED 11-5-1928 Hugh L. Eulae REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1928, to Nov 4, 1928 that I last saw him alive on Nov 4, 1928, and that death occurred, on the date stated above, at 10:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 161a

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. L. Leslie M. D
11-4-1928 (Address) Russellville 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 Spring Garden Cem. DATE OF BURIAL Nov 5 1928

20. UNDERTAKER G. N. Steffens ADDRESS Russellville Mo

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.