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.

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

Do not use this space.

40524

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 4897
Township Raw — Primary Registration District No. — Registered No.
City Kansas City (No. St. Mary's Hosp. St. Ward)

2. FULL NAME De Witt Clinton Tyler
(a) Residence. No. St., Ward. Clifton, Kansas
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred about 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Edwards Tyler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March Unk 1850

7. AGE: Years 28 | Months 9 | Days Unk | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Doctor
(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): Illinois

PARENTS
10. NAME OF FATHER: Unk Tyler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): Mrs. Mary Edwards Tyler, Clifton, Kansas

15. FILED 12/4 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 3 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1928, to Dec 3, 1928, that I last saw h. ... alive on Dec 3 - 8:00 PM, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia right lower lobe
lobar type
45H
53E
108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cancer of the lower left with metastatic glands (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF June - 1928
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic test
(Signed) Charles C. Denton, M. D
12/4, 1928 (Address) 810 Realty Bldg

*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: Clifton, Kansas — DATE OF BURIAL: Dec 4 1928

20. UNDERTAKER: D. W. Newcomer's Sons K.C. Mo — ADDRESS

Vic. 6270
10-12:30