MAR 21 1929

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

Do not use this space. 5521

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 185
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME TED NYE HAROLD
(a) Residence. No. St., Ward. Ten Sleep, Wyoming
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

11 6 9 209 1 31 1

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Year 1889

7. AGE: Years 40 — Months Unk. — Days Unk. — If LESS than 1 day, ...hrs. or ...min.

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

9. BIRTHPLACE (CITY OR TOWN): Nevada,
(STATE OR COUNTRY): Missouri,

PARENTS
10. NAME OF FATHER: Charles Harold,
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown,
(STATE OR COUNTRY): Unknown,
12. MAIDEN NAME OF MOTHER: Mattie A. Schroeder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Henry County
(STATE OR COUNTRY): Missouri,

14. INFORMANT: J. C. Coates
(Address) 929 S. Clay St. Nevada, Mo.

15. FILED FEB 14 1929, 19... John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 13 1929

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ VIEWED-Body ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Encephalitis

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. W. Tadlock Coroner M. D
2/13, 1929 (Address) St Joseph 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: Nevada, Missouri,
DATE OF BURIAL: Feb. 15 1929

20. UNDERTAKER: Heaton-Belgole & Bowman
ADDRESS: 319 S. 10 St.
W. Ivy Kaale Funeral Home