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

Do not use this space.

36830

1. PLACE OF DEATH
County Gasconade
Township Clay
City ..... (No. ..... 6231 ..... St. ..... Ward)
Registration District No. 302
Primary Registration District No. ~~2181~~
File No. .....
Registered No. .....

2. FULL NAME Earl ~~Tyree~~ 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 White
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) Nov. 5, 1929

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

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

9. BIRTHPLACE (CITY OR TOWN) Bland, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Alfred Russel Tyree
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn, Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Viola E. Crider
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bland, Mo.
(STATE OR COUNTRY)

14. INFORMANT Alfred Russel Tyree
(Address) Bland, Mo.

15. FILED 11-5 1929 C. R. Bunge M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1929, to Nov. 5, 1929 that I last saw him alive on Nov. 5, 1929, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
159

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

CONTRIBUTORY (SECONDARY) 161 a

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) T. F. Ferrell, M. D.
, 19 (Address) Owensville, 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 Woolham Baptist Com
DATE OF BURIAL 11-6 1929

20. UNDERTAKER C. A. Haight Bland Mo
ADDRESS

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.