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.

APR 5 1932

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

Do not use this space.

7401

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 8
Township: — Primary Registration District No.: 1722 — File No.:
City: DeKalb (No. DeKalb Missouri St., Ward) — Registered No.: 4

2. FULL NAME: James L. Tyler
(a) Residence, No. DeKalb, Mo 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): Widowed

5A. (IF MARRIED, WIDOWED, OR DIVORCED) HUSBAND OF (OR) WIFE OF: Abbey Tyler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1840

7. AGE: Years 92 — Months — Days — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Robt E. Stone DeKalb Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bethel Cem. DATE: May 4 1932

19. UNDERTAKER (ADDRESS): E. L. Lidenfelser

20. FILED 3/3 1932 J. W. McAdam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1932, to Mar. 3, 1932
I last saw him alive on Mar. 2, 1932. Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart disease.	
9.5 B	
Other contributory causes of importance:	

Name of operation: none — Date of:
What test confirmed diagnosis? Found — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury: — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. W. McAdam, M. D.
(Address) DeKalb Mo