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

Do not use this space.

13549

1. PLACE OF DEATH
83 County: Platte
Township: Preston
City: (No. , St. Ward)

Registration District No. 693
Primary Registration District No. 5920

File No.
Registered No.

2. FULL NAME: Emily Clementine Tyson

(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: Female
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-5-1842

7. AGE: Years 89 | Months 4 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Ga.

FATHER
13. NAME: John Askew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga.

MOTHER
15. MAIDEN NAME: Mary Lawrence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga.

17. INFORMANT (ADDRESS): Dony Tyson Edgerton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ridgeley DATE: 4-14-1932

19. UNDERTAKER (ADDRESS): T.N. Rollins, Edgerton Mo

20. FILED: 5-10-1932 T.N. Rollins Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): April-12-1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932, to April 12, 1932
I last saw h. alive on April 6, 1932. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
9 days	
113 B	

Other contributory causes of importance:
109 Diffused Infection
Left Tonsil
Age

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) C.P. Ford, M. D.
(Address) Edgerton 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.

JUN 24 1932