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.

OCT 28 1932

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

Do not use this space.

29986

1. PLACE OF DEATH

78 County Kinscot — Registration District No. 653 — File No.

Township Braggadocio — Primary Registration District No. 5871 — Registered No. 84

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Clais Tyler

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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 M — 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) Dec. 14 1930

7. AGE — YEARS 1 — MONTHS 8 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Pocahontas Ark 71

FATHER

13. NAME Earl Tyler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pocahontas Ark

MOTHER

15. MAIDEN NAME Lena McIntirer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roven Inn Ark

17. INFORMANT (ADDRESS) Earl Tyler, Deering, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Braggadocio DATE Sept. 8, 1932

19. UNDERTAKER (ADDRESS) Baldwin Und. Co Kennett, Mo.

20. FILED 9-8- 1932 J. W. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1932, to Sept. 7, 1932

I last saw him alive on Sept. 7, 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Intero Colitis — Date of onset 9/2/32

119 B

119 R

Other contributory causes of importance:

Cerebral Infection — 9/5/32

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? No

If so, specify .....

(Signed) Asier J. Speer, M. D.

(Address) Deering, Mo.