

OCT 20 1933

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

Do not use this space.

30610

1. PLACE OF DEATH

County Mason
Township Mason
City Hammond

Registration District No. 728
Primary Registration District No. 5961
No. Masonic Home

File No.
Registered No. 277
St. Ward)

2. FULL NAME

(a) Residence, No. Masonic Home St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) - <u>1867</u>		
7. AGE YEARS <u>about 76</u>	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.
	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) Kansas City
(STATE OR COUNTRY) Mo

13. NAME Geo Tyler

14. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT Wm McMechen
(ADDRESS) Masonic Home

18. BURIAL, CREMATION, OR REMOVAL
PLACE Robinson DATE 9-12, 1933

19. UNDERTAKER Geo E Roberts
(ADDRESS) Hammond, Mo

20. FILED Oct 10 - 33
Harmon Sherk
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1933, to Sept 9, 1933.
I last saw him alive on Sept 19, 1933. Death is said to have occurred on the date stated above, at 10:15 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
131
82 A
Other contributory causes of importance:
Strains Nephritis

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 From McMechen, M. D.
(Signed) Harmon Sherk
(Address) Hammond, Mo

