4

JAN 26 1934

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

Do not use this space.

39015

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No. 39015

Township — Primary Registration District No. 4010 — Registered No. 65

City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2 5 2

2. FULL NAME Oma Lura Tyree

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

Length of residence in city or town where death occurred yrs. mos. 8 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): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John D. Tyree,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 3, 1876

7. AGE: Years 57 — Months 3 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home,
10. Date deceased last worked at this occupation (month and year): December 1933
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrollton, Missouri,

FATHER

13. NAME: James Finley,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri,

MOTHER

15. MAIDEN NAME: Susan Brooks,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri,

17. INFORMANT (ADDRESS): John D. Tyree R.F.D.# 3, Ponca City, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Blackwell, Okla. DATE: Jan. 3rd. 1934

19. UNDERTAKER (ADDRESS): Frank A. Bowman Savannah, Mo.

20. FILED: Dec 31, 1933 — G O Jeffers, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933, to Dec 31, 1933

I last saw her alive on Dec 31, 1933 Death is said to have occurred on the date stated above, at 3:40 P.m.

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

	Date of onset
Chronic Myocarditis	131
59	
136	
Other contributory causes of importance: Diabetes Mellitus	about 8 mo.

59

Name of operation ✓ Date of

What test confirmed diagnosis? Physical 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) S. E. Metheny, M. D.

(Address) Savannah, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

[illegible]

[illegible]

[illegible]