

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

Do not use this space.

25277

1. PLACE OF DEATH

County Lafayette Registration District No. 464
 Township Washington Primary Registration District No. 5626
 City Mayview, Mo. (No. _____) St. _____ Ward _____

File No. 16
 Registered No. 70

2. FULL NAME Mary Susan Tyler

(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 (use the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17th 1846				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	88	1	27	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work			
	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) Missouri.				
FATHER	13. NAME John Tyler			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Castle, Ky.			
MOTHER	15. MAIDEN NAME Kathryn V. Striet			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Virginia.			
17. INFORMANT <u>T. K. Tyler</u> (ADDRESS) <u>Mayview, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marvin Chapel</u> DATE <u>16 July 1934</u>				
19. UNDERTAKER <u>A. H. Hader</u> (ADDRESS) <u>Higginsville, Mo.</u>				
20. FILED <u>July 22, 1934</u> <u>Mrs. E. M. Goodwin</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 - 1934

22. I HEREBY CERTIFY that I attended deceased from May 2 1934 to July 14 - 1934

I last saw her alive on July 14, 1934 Death is said to have occurred on the date stated above, at 4 P. m.

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

Coronary Hemorrhage Date of onset _____

Other contributory causes of importance:
Intestinal

Name of operation None Date of _____

What test confirmed diagnosis? None 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) James J. [Signature] M. D.

(Address) Mayview, Mo.

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.

AUG 13 1934

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