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.

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

DEC 14 1934

Do not use this space.

39102

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2000 — Registered No. 328a
City Springfield Mo (No. Springfield Hospital St. Ward)

2. FULL NAME Infant Son of Mr and Mrs H H Tyler
(a) Residence, No. 575 W Pine St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Baby Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 8 1934
7. AGE — YEARS: 30 min — MONTHS: — DAYS: — If LESS than 1 day, 0 hrs. or 30 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.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Mo

FATHER
13. NAME: Harwood H Tyler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ark Pocahontas

MOTHER
15. MAIDEN NAME: Opal McMullen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): H H Tyler (Tyler)
18. BURIAL, CREMATION, OR REMOVAL: 575 W Pine
PLACE Hazelwood DATE Nov 8, 1934
19. UNDERTAKER (ADDRESS): F. C. Kreing Springfield Mo
20. FILED 11-8, 1934 R W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 8, 1934
22. I HEREBY CERTIFY, That I attended deceased from 11/8, 1934, to 11-8, 1934
I last saw him alive on 11-8, 1934. Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 6 mo	
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Other contributory causes of importance: Mother, Pyonephrosis

Name of operation: none Date of
What test confirmed diagnosis? none 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? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. T. Freeman, M. D.
(Address) Springfield Mo.