

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.

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109

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

Do not use this space.

5426

MAR 20 1935

1. PLACE OF DEATH *Little Sisters of the Poor* 398  
 County..... Registration District No.....  
 Township..... Primary Registration District No. *1002*  
 City *Kansas City, Mo.* (No. *5331*, *Highland Ave.*) St. *777* Ward)

2. FULL NAME *Oddie Tyler*  
 (a) Residence, No. *5331* *Highland Ave.* 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 (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 7, 1837*

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
<i>97</i>	<i>9</i>	<i>7</i>	

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.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) *Portsmouth* (STATE OR COUNTRY) *New Hampshire*

13. NAME *Nathaniel Kennard*

14. BIRTHPLACE (CITY OR TOWN) *England* (STATE OR COUNTRY)

15. MAIDEN NAME *Margaret Kennard*

16. BIRTHPLACE (CITY OR TOWN) *Portsmouth* (STATE OR COUNTRY) *N. Hampshire*

17. INFORMANT *Sister Benedict* (ADDRESS) *5331 Highland Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthews* DATE *July 16<sup>th</sup> 1935*

19. UNDERTAKER *P. A. Cheney Mtd. Co.* (ADDRESS) *St. Scotts Ave.*

20. FILED *7/15 1935* *M. M. Crowe* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 14, 1935*

22. I HEREBY CERTIFY That I attended deceased from *Feb 7th 1935 to Feb 14th 1935*  
 I last saw her alive on *Feb 13th*, 19..... Death is said to have occurred on the date stated above, at *8:30 P.M.*  
 The principal cause of death and related causes of importance were as follows:  
*Chronic Myocarditis* Date of case *1-20-35*

Other contributory causes of importance: *92%*

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.....  
 (Signed) *Paul V. Rankin*, M. D.  
 (Address).....

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