

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

Do not use this space.

38307

DEC 23 1935

1. PLACE OF DEATH

County Stoddard Registration District No. 777
Township Richland Primary Registration District No. 111
City Grayridge, Mo. (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Harry L. Tyson

(a) Residence, No. Grayridge Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mississippi

FATHER 13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Letha Tyson Grayridge Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pulman Cem Mo. DATE Nov 4 1935

19. UNDERTAKER (ADDRESS) Rayd E. Morgan Advance Co. Mo.

20. FILED 12-10-35 Dr. J. P. [unclear] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10 P. m.

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

Gun shot wound in back of head

Other contributory causes of importance: MO

Name of operation None Date of _____

What test confirmed diagnosis? Inquest Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 2 1935

Where did injury occur? Friends South Grayridge Mo. Stoddard Co.

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

On farm Tyson had rented in

Manner of injury Gun shot wound in head

Nature of injury Back shot in back of head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Rayd E. Morgan Coroner

(Address) Advance, Mo.

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.

