JUL 20 1936

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

Do not use this space.

22490

1. PLACE OF DEATH
County Dunklin — Registration District No. 288 — File No.
Township Independence — Primary Registration District No. 5406 — Registered No.
City (No. , St. Ward)

2. FULL NAME Tressie 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 FH
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-35
7. AGE YEARS 1 MONTHS — DAYS — If LESS than 1 day, hrs. or 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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Jim Tyler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Carmelia Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Jim Tyler
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazel Cem DATE June 9, 1936
19. UNDERTAKER (ADDRESS) McDaniel Funeral Service Inc Sixth Mo
20. FILED June 22 1936 Wheeler Dovso Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to June 7, 1936
I last saw her alive on June 7, 1936 Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:
Malarial Fever — Date of onset May 29-36

Other contributory causes of importance:

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) [signature], M. D.
(Address) Sexton Mo

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2 20M-2-19-36 1 X7294