

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

**AUG 21 1936**

Do not use this space.

27148

**1. PLACE OF DEATH**

County Polk  
 Township Lebanon  
 City Lebanon

Registration District No. 449  
 Primary Registration District No. 4267

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

John L. Tyler

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Burns  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1862  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 3 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Jefferson Iowa

13. NAME John Tyler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Mrs. Pearl Tyler Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE July 26 1936

19. UNDERTAKER (ADDRESS) Palmer Powers Lebanon Mo.

20. FILED 7-25-1936 J. A. McCoub Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1936 to July 24 1936  
 I last saw him alive on July 1 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:

Central Hemorrhage Date of onset July 24 1936  
131  
 Other contributory causes of importance: Chronic interstitial nephritis 1932

Name of operation none Edade  
 What test confirmed diagnosis? Physicall Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury none 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 none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) P. H. H. H., M. D.  
 (Address) Lebanon 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.

