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.

MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 16363
Township — Primary Registration District No. 2001 — Registered No. 0337
City Springfield (No. St. Johns Hosp. St. Ward)

2. FULL NAME Ray Tise
(a) Residence, No. Met. Hotel 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice C. Tise
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 12, 1883
7. AGE YEARS 54 MONTHS 1 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Supplies
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brighton, Missouri

FATHER
13. NAME Melville Tise
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Mary Tise
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Champ Tise Tulse, Okla.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE April, 22 1937
19. UNDERTAKER (ADDRESS) Herman Lohmeyer Funeral Home Springfield, Mo.
20. FILED Apr 22, 1937 Chas A George MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 20, 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936, to Apr 20, 1937
I last saw him alive on Apr. 19, 1937. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:
Leukemia - Acute Myelogenous — Date of onset 1936
Other contributory causes of importance: 12a
Name of operation none — Date of
What test confirmed diagnosis? Clinical — 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? (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? no
If so, specify
(Signed) F. Blaine, M. D.
(Address) Springfield, Mo