AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township
City Courtheusville (No. , St. Ward)

Registration District No. 661
Primary Registration District No. 4388

File No. 27998
Registered No. 83

2. FULL NAME Raymond Tyus
(a) Residence, No. E 13th 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. 2 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 B
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) Jan 15 - 1936
7. AGE YEARS 1 MONTHS 6 DAYS 13 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. ✓
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) Courtheusville Mo

FATHER
13. NAME Monroe Tyus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayswood Co Tenn

MOTHER
15. MAIDEN NAME Blanch Beard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Monroe Tyus Courtheusville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Morgan Ridge DATE 7-29 1937
19. UNDERTAKER (ADDRESS) H. S. Smith Courtheusville Mo
20. FILED Aug. 4 1937 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28 1937

22. I HEREBY CERTIFY, That I attended deceased from On July 27, 1937, to One day only 19
I last saw him alive on July 27, 1937 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Probably of lobar pneumonia
I only saw him once and he died the next day.
Date of onset
Other contributory causes of importance:
Improper feeding
108
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? No
If so, specify
(Signed) Jacob M. Cockfield, M. D.
(Address) Carlsville, Missouri

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.

100M-3-28-35