

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.

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

Do not use this space.

REC'D APR 8 1938

1. PLACE OF DEATH

County Vernon
Township Original
City Sheldon Mo (No. 600)

Registration District No. 878
Primary Registration District No. 4531

File No. 12372
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Sheldon, 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 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Tynes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
63 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinary
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) Avola Mo

MOTHER 13. NAME William Fredrick Tynes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Agnes A. Ruberson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Mo

17. INFORMANT Llewellyn Hickman (ADDRESS) Sheldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Avola DATE Mar 23, 1938

19. UNDERTAKER G. B. Beery, Son (ADDRESS)

20. FILED Mar. 21, 1938 Lowell T. Beery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sheldon, Mo. to Sheldon, Mo. on March 20, 1938. I last saw him alive on March 20, 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Cerebral hemorrhage Date of onset 3/20/38
arteriosclerosis
Other contributory causes of importance: hypertension

Name of operation none Date of _____
What test confirmed diagnosis Pathology report 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) Arthur G. Allham, M. D.
(Address) Sheldon Mo

