

REC'D JUL 20 1938

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

22102
 Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Marrion Primary Registration District No. 3020 Registered No. _____
 (c) City Carthage, Mo. (d) Street No. McCune, Brooks Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Raymond C. Tryon (657)

(a) Residence, No. 422 Budlong St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10 9 3

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

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

13. NAME Nolan Tryon

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage, Mo.

15. MAIDEN NAME Lila Mers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockwood, Mo.

17. INFORMANT Nolan Tryon
 (ADDRESS) Carthage, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE June 17, 1938

19. FUNERAL DIRECTOR Ulmer Funeral Home
 (ADDRESS) Carthage, Mo.

20. FILED 6/17, 1938 E. J. Matthews M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to June 16, 1938
 I last saw him alive on June 15, 1938. Death is said to have occurred on the date stated above, at 2:30 a. m.
 The principal cause of death and related causes of importance were as follows:

acute appendicitis
general peritonitis

Date of onset

5/19/38

Other contributory causes of importance:

liver abscessName of operation Appendectomy Date of 6/19/38What test confirmed diagnosis? Operative 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) George H. Wood, M. D.(Address) Carthage Mo.

STATEMENT BY LICENSED EMBALMER

I, Edlell, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Edlell

Licensed Embalmer No. 2222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)