

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

Do not use this space.

32748

File No. _____
Registered No. 238
St. _____ Ward)

1. PLACE OF DEATH

County Mason Registration District No. 547
Township Mason Primary Registration District No. 3029
City Hannibal (No. 2008 Settles _____)

2. FULL NAME

Andrew Tyler 460
(a) Residence, No. 2008 Settle 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Ralls Co Mo S

13. NAME Preston Tyler 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

15. MAIDEN NAME Harnett Tyler

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

17. INFORMANT (ADDRESS) Ruby Troy Settle

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson DATE 9-7 1938

19. UNDERTAKER (ADDRESS) Geo. E. Roberts

20. FILED 9-14- 1938 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-14- 1938, to 9-4- 1938

I last saw him alive on 9-4-38, 19____ Death is said to have occurred on the date stated above, at 12:19 a.m.

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

Toxemia.
Pyelitis.
Pyelo-nephritis
Other contributory causes of importance:
Senility

Name of operation _____ 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) R. E. Long, M. D.
48 (Address) 1210 1/2 Broadway
Hannibal, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

