

REC'D MAR 9 1939

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

5410  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson  
(b) Township Kaw  
(c) City Kansas City, Mo.  
(e) Length of residence in city or town where death occurred

Registration District No. 399  
Primary Registration District No. 1002  
(d) Street No. St. Mary's Hospital

Registered No. 609

(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 7911 Main St.   
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

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 Lorelei Tyron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 11 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dierks Lumber Company  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

13. NAME Eugene Tyron

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

15. MAIDEN NAME Augusta F. Larsen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. Lorelei Tyron  
7911 Main Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb. 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. V. Lindsey & Son  
3811 Broadway

20. FILED 2/13/39 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1939

22. I HEREBY CERTIFY That I attended deceased from

I last saw the deceased on Feb. 10, 1939, 19... Death is said to have occurred on the date stated above, at 7 PM.

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

Coronary sclerosis  
Acute myocardial infarction  
Acute fibrinous pericarditis  
Other contributory causes of importance:  
Yeast-like bronchopneumonia  
Diabetes mellitus 59-

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Walter H. Hutter, M. D.  
(Address) Quincy, Mo.

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.

*Permit*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**