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.

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

Do not use this space.

REC'D APR 21 1939

2

1

1. PLACE OF DEATH
County Saline — Registration District No. 799 — File No. 12448
Township — Primary Registration District No. 4479 — Registered No. 12
City Slater (No. ..., ... St. ... Ward)

2. FULL NAME 602 Liza Tyre

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 female
4. COLOR OR RACE Negro
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) About 1860 ear

7. AGE YEARS about, 79 yrs MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

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

FATHER
13. NAME Alonzo Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER
15. MAIDEN NAME Onie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Bernice Tyre Slater, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater, Mo. DATE 3/23/'39, 19

19. UNDERTAKER (ADDRESS) Hill Brothers, Slater, Mo.

20. FILED 3-22, 1939 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 22nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1939, to March 21, 1939
I last saw her alive on March 21, 1939 Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	?
Chr. nephritis	?

Other contributory causes of importance:

Severe hypertension	?
General arteriosclerosis	

Name of operation None 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) C. A. McBurney, M. D.
(Address) Slater, Missouri

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 4/11/39