FILED JUN 13 1941

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

18842
Do not use this space.

1. PLACE OF DEATH
(a) County Ripley Registration District No. 750-598
(b) Township Doniphan Primary Registration District No. 6246 Registered No. 1749
(c) City Doniphan (d) Street No. / 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 16 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marion Harrison Tyler
(a) Residence, No. R#7. Doniphan Mo. 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Lula Ann Tyler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 1876
7. AGE Years 65 Months 1 Days 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired -
9. Industry or business in which work was done, as saw mill, bank, etc. Timber Work
10. Date deceased last worked at this occupation (month and year) Feb. 1941
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaghontale, Arkansas

FATHER
13. NAME Isac Tyler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Don Reid
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lone Star Cemetery DATE March 4 1941
19. FUNERAL DIRECTOR (NAME) Neighbors
(ADDRESS) Doniphan Mo.
20. FILED 3/4 1941 E. B. Johnston
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1941
22. I HEREBY CERTIFY, That I attended deceased from February 22 1941 to March 3 1941
I last saw him alive on February 22 1941. Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance:
Fracture of Right leg and fracture of Left shoulder also Scalp wounds.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-22 1941
Where did injury occur? Highway #14 - Doniphan, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck by Auto while walking along Highway
Nature of injury Accident

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. E. Gilliam, M. D.
(Address) Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

THIS IS A PERMANENT RECORD

T X14028

RECEIVED
...ot Health Officer No. 5,
... Number 641727

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.