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

Do not use this space.
25794

1. PLACE OF DEATH
County St. Louis Registration District No. 1170
Township ~~Richmond Heights~~ Primary Registration District No. 6248H
City Richmond Hts (No. ..... St. ..... Ward)

File No. .....
Registered No. 174

2. FULL NAME Ruby Mae Tyler
(a) Residence. No. 8 Hanley Rd. 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14-1929

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richmond Heights
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Jonnie Tyler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Jimmy Lee Eldings
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

14. INFORMANT Jimmy Lee Eldings
(Address) Richmond Heights

15. FILED 7/8 1929 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1929

17. I HEREBY CERTIFY, That I attended deceased from July 4-5, 19..., to July 5, 1929 that I last saw her alive on July 5, 1929 and that death occurred, on the date stated above, at 2:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
9
Pertussis
10 7 18
..... (duration) ..... yrs. 2 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Broncho Pneumonia
..... (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Usual Tests
(Signed) M. Leon, M. D.
7/8, 1929 (Address) Clayton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Father Dickson
DATE OF BURIAL July 9th 1929

20. UNDERTAKER Elmer E. Vettis
ADDRESS 3030 Bell