

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

Do not use this space.

32024

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City **St. Louis Mo.** (No. **Baptist Hospital**)..... St. .... Ward)

File No.....  
Registered No. **9054**  
St. .... Ward)

**2. FULL NAME**

**Rollin Tyre**

(a) Residence. No. .... St., **21** Ward. .... **DeSoto Mo.**  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 28/1911**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<b>17</b>	<b>8</b>	<b>10</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Farmer**  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **DeSoto Mo.**  
(STATE OR COUNTRY)

<b>PARENTS</b>	10. NAME OF FATHER <b>Arthur Tyre</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Jeff. Co.</b>
	12. MAIDEN NAME OF MOTHER <b>Ethel Williams</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Jeff. Co.</b>

14. INFORMANT **Arthur Tyre**  
(Address) **DeSoto Mo.**

15. FILED **9 1922** **Max C. McKinley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 8 19 29**

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at **2:10 a.** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*General Septicemia following Gunshot wound of left thigh*  
**1922** (duration) yrs. mos. ds.  
CONTRIBUTORY *Whether Criminal or Accidental* (SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **J. W. Kemmer, M.D.**

**9/9 1929** (Address) **DeSoto 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 **Ware Mo.** DATE OF BURIAL **9/10 29**

20. UNDERTAKER **Richardson & Mathews** ADDRESS **DeSoto Mo.**

19

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1975

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