

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

Do not use this space.

34750

1. PLACE OF DEATH

County Putnam
Township Union
City Unionville (No.)

Registration District No. 718
Primary Registration District No. 6430

File No.
Registered No. 35
St. Ward)

2. FULL NAME

Clarence Melvin Tyson

(a) Residence. No. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edua Tyson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 30 - 1883</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>8</u>
	DAY <u>11</u>	IF LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Putnam Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. Tyson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union Co Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Ellen Hedg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Edua Tyson
(Address) Unionville, Mo

15. FILED Oct 29 1929
REGISTRAR J. H. Newman

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 21 1929
17. HEREBY CERTIFY, That I attended deceased from May 1929 to Oct 21 1929
that I last saw H.M. alive on Oct 21 1929, and that death occurred, on the date stated above, at 9:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
7.3A
2.4A
(duration) yrs. 6 mos. 14 ds.
CONTRIBUTORY (SECONDARY) Tubercular Meningitis
(duration) yrs. mos. 14 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 Lab. X-ray
(Signed) J. M. Martin M. D.

(Address) Unionville 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 Unionville Cemetery DATE OF BURIAL 10 24 29

20. UNDERTAKER Courtock Mear & Unionville ADDRESS

V. NO. 2.
 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 RESERVED FOR BINDING
 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.

