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

Do not use this space.

39177

File No. 11661

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3447 Blue St Tuffia Hosp. St. Ward)

Registration District No. 791

Primary Registration District No. 1903

2. FULL NAME Leroy Tyler

(a) Residence. No. 3001 Fourth St., Ward. 21 → Brooklyn Se
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	colored	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Molly Tyler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	4	27	

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

9. BIRTHPLACE (CITY OR TOWN) Lyons
(STATE OR COUNTRY) Miss

PARENTS

10. NAME OF FATHER George Tyler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lyons
(STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown

14. INFORMANT Molly Tyler
(Address) 3001 Fourth St Forgyde

15. FILED ....., 19.... Mary C. O'Brien
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1929, to Nov. 27, 1929, that I last saw h. alive on Nov. 27, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) X yrs. X mos. 9 ds.

CONTRIBUTORY (SECONDARY) Sup. Appendicitis

(duration) X yrs. X mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 14, 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clin.

(Signed) O Neal Hillman M. D.
Nov. 27, 1929 (Address) Lovejoy, Ill

*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 St Louis — DATE OF BURIAL Nov. 30 1929

20. UNDERTAKER J. L. Marshall — ADDRESS St Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD