

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

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.

AUG 26 1931

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

Do not use this space. ✓

18336 a

**1. PLACE OF DEATH**

County Jackson  
Township Van Buren  
City Lees Summit - R. F. D.

Registration District No. 401  
Primary Registration District No. 5556

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David Mack Tyson  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 9 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 | 8 | 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lees Summit R. F. D. Mo.

13. NAME O. V. Tyson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Georgia

15. MAIDEN NAME Livene Ingram

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mo.

17. INFORMANT (ADDRESS) Jerschel Tyson Lees Summit Mo.

18. BURIAL CREMATION, OR REMOVAL Lees Summit June 1st 1931

19. UNDERTAKER (ADDRESS) Fields James & Co Lees Summit Mo.

20. FILED Aug 6 1931 mo Carl Haug Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 - 1931

22. I HEREBY CERTIFY, That I attended deceased from May 13 31, to May 28 31, 1931.  
I last saw him alive on May 29 2, 1931. Death is said to have occurred on the date stated above, at 5 P. M.  
The principal cause of death and related causes of importance were as follows:

Malignant Endocarditis  
92 A  
91 A  
Other contributory causes of importance:  
Acute Rheumatism - Initial  
Regurg & Pul Regurgitation  
Date of onset Dec 1930

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? None  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Wm. H. Peterson, M. D.  
(Address) Ed. 3 - Lees Summit, Mo.

