

NOV 15 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Innon  
Township Arcadia  
City Pilot Knob (No. \_\_\_\_\_)

Registration District No. 392  
Primary Registration District No. 53468

File No. 35897  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Leroy Tyndall.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
3 3 II

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

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) Pilot Knob, Mo.

13. NAME Frank Tyndall.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Knob, Mo.

15. MAIDEN NAME Pearl Tyndall Dennison.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County, Mo.

17. INFORMANT (ADDRESS) Frank Tyndall.  
Pilot Knob, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob. DATE Oct, 25-1934

19. UNDERTAKER (ADDRESS) Norman White & Son.  
Ironton, Mo.

20. FILED Oct 25, 1934 L. J. Effinger Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning by falling in a well Date of onset \_\_\_\_\_

Other contributory causes of importance: 183

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 1934, 1934

Where did injury occur? Pilot Knob, Innon Co., Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At Grandfather's

Manner of injury Falling in well

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_

(Signed) S. J. M. D. Cook, M.D., Dist. Surgeon

(Address) Ironton, Missouri

It may be properly classified. Exact statement of OCCUPATION is very important.

CAU OF DEATH

