REC'D SEP 20 1939

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

Do not use this space.

28713

1. PLACE OF DEATH
County Callaway
Township Fulton
City Fulton (No. ..... St. ..... Ward)
Registration District No. 104
Primary Registration District No. 3008
File No.
Registered No. 230

2. FULL NAME Faye Nelson, Tye;
(a) Residence, No. Anderson, Mo. 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Faye Tye.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 16, 1881
7. AGE: YEARS 57 MONTHS 11 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unemployed.
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): Anderson Mo

FATHER
13. NAME: Henry Tye
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Ella Stepp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Records of Cancer Hospital #1 Fulton, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Goodman DATE 8-24 1939
19. UNDERTAKER (ADDRESS): Chas. W. Williams Goodman Mo
20. FILED 8/22 1939 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1939, to Aug 21, 1939
I last saw him alive on Aug 21, 1939 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
Drug Addiction (Morphine) — Date of onset: 2 yrs
168
Other contributory causes of importance:
Suicide by laceration of left radial artery and right external jugular vein
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Aug 21, 1939
Where did injury occur? Cancer Hospital #1 Fulton, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Cancer Hospital #1 Fulton, Mo
Manner of injury Incision of by safety razor blade.
Nature of injury Laceration left radial artery and rt. external jugular vein.
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. S. Lapp, M. D.
(Address) Fulton, Mo

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.