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.

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

399

Do not use this space.

6469

1. PLACE OF DEATH

County Jackson Registration District No. 1002 File No. ....

Township Kaw Primary Registration District No. .... Registered No. 5529

City Kansas City (No. Gen Hospt No 2 St. .... Ward)

2. FULL NAME Everett Tyree

(a) Residence. No. 200 W. 36th St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-29-89

7. AGE: Years 39, Months 6, Days 4. If LESS than 1 day, ...hrs. or ....min.

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) ....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Liberty
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Joe Tyree

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Liberty
(STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Mollie Hawkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Liberty
(STATE OR COUNTRY): Mo.

14. INFORMANT: Walter Tyree
(Address): 200 W. 36 St

15. FILED 2-7 1929 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-6 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1929, to Feb 6, 1929, that I last saw him alive on Feb 6, 1929, and that death occurred, on the date stated above, at 4:10 A. m.

THE CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .... yrs. .... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Scarlet Fever

(duration) .... yrs. .... mos. 6 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? ....

(Signed) H M Smyth, M. D

2/6, 1929 (Address) Gen Hospt No 2

*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: Liberty Mo.

DATE OF BURIAL: 2-9th 1929

20. UNDERTAKER: ~~W. W. Fichtner~~ Watkins Bros

ADDRESS: K. City, Mo