

4979

MARGIN RESERVED FOR BINDING
N.B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County: Yavapai
 Township: _____ State: ARIZONA
 City: Prescott or Village: _____
 No. Mercy Hospital
 Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME: Truman Nicholas Tyler
 (a) Residence: No. Battle Creek Nebraska How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (Usual place of abode) St., _____ Ward. _____
 (If non-resident 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 Mrs T.N. Tyler
 (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) May 5, 1902
 7. AGE: Years 31 Months 4 Days 1
 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 6, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to Sept 5, 1933
 I last saw him alive on Sept 5, 1933
 to have occurred on the date stated above, at 4509, m.
 The principal cause of death and related causes of importance were as follows:
Chronic, active Pulmonary T.Bc. All lobes with lunges
 Date of Onset Nov 1932
 Other contributory causes of importance: 11
 Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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? _____
 (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) John W. Flavin M. D.
Prescott Arizona
 Registrar

12. BIRTHPLACE (city or town) (state or country) North Fort Neb.
 13. NAME Truman Murry Tyler
 14. BIRTHPLACE (city or town) (State or country) Wisconsin
 15. MAIDEN NAME Mary Lund
 16. BIRTHPLACE (city or town) (State or country) Battle Creek Neb.
 17. INFORMANT Mrs Mary Tyler
 (Address) _____
 18. BURIAL, CREMATION, OR REMOVAL Removal
 Place Battle Creek Neb. Date Sept 7, 1933
 19. UNDERTAKER McLellan Mortuary
 (Address) 143 south Cortez st Prescott
 20. Filed Sept 6, 1933