

Unidentified Newspaper - 1945

James P. Tygrett

Requiem high mass will be held Wednesday at 9 a. m. in St. Clements Church, Avondale, for James Presley Tygrett, 52, formerly chef at the Netherland Plaza for a number of years. Ill health which caused him to retire eight years ago, resulted in his death Sunday in his home.

Tygrett had the distinction of cooking one of the oddest meals ever served in Cincinnati. Several years ago Frank W. Imwalle, whose funeral home has charge of the arrangements for Tygrett, gave a dinner for 40 businessmen. On the menu were snakes from Florida; eels from Germany; Mexican worms, which are considered a delicacy there, and snails from France.

He leaves his widow, Mrs. Carrie Tygrett; a daughter, Miss Virginia Tygrett, and four sisters: Miss Lora Tygrett, Mrs. Paul J. Climer, and Mrs. R. G. McAdams, all of Nashville, and Mrs. M. N. Wheeler, Atlanta, Ga. Interment will be in Oak Hill Cemetery, Glendale.

TYGRET—James Presley, beloved husband of Carrie Tygrett (nee Sommers), devoted father of Virginia Tygrett; residence, 17 East Mitchell Ave., Sunday, January 21, 1945. Friends may call at the Imwalle Memorial, 4811 Vine St. at Washington, St. Bernard, Tuesday between 3 and 10 p. m. Requiem high mass St. Clement Church Wednesday, January 24, at 9 a. m.

Tygrett, James P 1892 - 1945

THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

OHIO DEPARTMENT OF HEALTH
COLUMBUS
CERTIFICATE OF DEATH
Department of Commerce — Bureau of the Census

Reg. Dist. No. 423 6227 State File No. 6122
Primary Reg. Dist. No. _____ Registrar's No. 460

1. PLACE OF DEATH:
(a) County Hamilton
(b) St. Bernard, Ohio
(City, Village, Township)
(c) Name of hospital or institution: Hamilton County
(d) Length of stay: In hospital or institution 5, 30
In this community 32
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Hamilton
(c) City or village St. Bernard
(If outside city or village, write RURAL)
(d) Street No. 21 Bertus Street
(If rural, give location) FEB 1945
(e) If foreign born, how long in U. S. A.? _____ years.

3. FULL NAME James P. Tygrett,
(a) If veteran, name war _____ (b) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie Tygrett, 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 8, 1892
(Month) (Day) (Year)
8. AGE: Years 52 Months 6 Days 13 If less than one day hr. min.
9. Birthplace Bowling Green, Kentucky
(City, town or county) (State or foreign country)
10. Usual occupation Cook
11. Industry or business Old Vienna Restaurant
12. Name James W. Tygrett
13. Birthplace Kentucky.
14. Maiden name Parazette Ertin
15. Birthplace Kentucky.
16. (a) Informant's signature Zola Allen
(b) Address _____
17. (a) Burial, cremation, or other: (b) Date 1 24 45
(c) Place Oak Hill Cem
(d) J. F. Schildmeyer 1294A
(Name of Embalmer) (Lic. No.)
18. (a) Frank R. Knapp 2809
(Signature of Funeral Director) (Lic. No.)
(b) Address St. Bernard
19. (a) _____ (b) Grace Tibous
(Date received local registrar's) (Registrar's signature)
Deputy

MEDICAL CERTIFICATION
20. Date of death: Month Jan day 21
year 1945 hour 4 minute 00 AM
21. I hereby certify that I attended the deceased from 5-30, 1938 to 1-21, 1945
that I last saw him alive on 1-21, 1945
and that death occurred on the date and hour stated above. Duration _____
Immediate cause of death Subchronic Tuberculosis 1937
Due to 198
Due to _____
Other conditions (Include pregnancy within 3 months of death): _____
Major findings of operation: _____
Major findings of autopsy: _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Village) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____
While at work? _____ (e) How did injury occur? _____

23. Signature J. D. Hickerson
(Physician or pastor of Medicine or Osteopathy)
Address St. Bernard Hospital County _____ Date signed 1-22-45

V.S. 21