

JUN 27 1927

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

Do not use this space.
15499

1. PLACE OF DEATH

County Jasper Registration District No. 111 File No. _____
Township Patena Primary Registration District No. 2002 Registered No. 268
City Joplin (No. 1901 Beyer) St. _____ Ward _____

2. FULL NAME

Alpharso Plummer Hoyt

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced.

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Hoyt.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 7 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired - 82
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wears New Hamp.

10. NAME OF FATHER Plummer Hoyt.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) East Wears N.H.

12. FULL NAME OF MOTHER Emeline Clifford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) East Wears N. Hamp.

14. INFORMANT (Address) Mrs. Fred Christman
Joplin Mo.

15. FILED 5/31 1927 Al Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/29 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy
arterio
arterio sclerosis (duration) 1 yrs. 1 mo. 1 da.

CONTRIBUTOR (SECONDARY) Arterio sclerosis (duration) 3 yrs. 0 mo. 0 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Health Officer's

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Specify) Al Benson Clark, M.D.
5/31, 1927 (Address) Joplin Mo

*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 Joplin Cem. DATE OF BURIAL 5/31 1927

20. UNDERTAKER Hughes and Co. ADDRESS Joplin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2/3

4/3

11/3