

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

Do not use this space.

35448

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... *St. Louis* Voluntary Registration District No. **1003** File No.
 City..... *St. Louis* (No. *Mo. Pac. Hospital*) Registered No. **10634** St. Ward)

2. FULL NAME

Jess Pearl Ruth Hyatt
 (a) Residence. No. *3111 Miami St.* St. *16* 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 *Female* 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 *L. V. Hyatt (husband)*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 28 1886*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 yrs. 1886 Aug. 28 289

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

Stenlock Kansas

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

PARENTS

Chas. R. Yates

Virginia

Ella. Horner

Kansas

14. INFORMANT *Husband (Lou. Hyatt)*

(Address) *3111 Miami St. St. Louis, Mo.*

15. FILED *NOV 27 1927* *max b. starkeff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *11-26-1927*

17. I HEREBY CERTIFY, That I attended deceased from *10-25-1927* *10:15 a.m.*, 1927, to *11-26-1927* 1927 that I last saw *her* alive on *11-26-1927*, and that death occurred, on the date stated above, at *4:05 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitis 66B
Hypertension 92C

CONTRIBUTORY (SECONDARY)

Indefinite Myocarditis, chr.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... *not known*

DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *11-22-27*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Chemical Laboratory*

(Signed) *E. J. Green, M.D.*

11-26, 1927 (Address) *Mo. Pac. Hospital, St. Louis.*

*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

DATE OF BURIAL

Osawatomie Kansas 11-27-27

20. UNDERTAKER

ADDRESS

W. Schumacher 3013

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.

