24 1926

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

Do not use this space.

8073

1. PLACE OF DEATH
County Callaway, Registration District No. 104 File No.
Township Fulton, Primary Registration District No. 3153 Registered No. 55
City (No. St. Ward)

2. FULL NAME Mrs, Eveline Hyten,
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femlae
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: Wife of Jno-Hyten,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr, 9th1854

7. AGE: Years 73 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hous#q wife
(b) General nature of industry, business, or establishment in which employed (or employer): DO
(c) Name of employer: Do

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

PARENTS
10. NAME OF FATHER: William Rice,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky,
12. MAIDEN NAME OF MOTHER: Suan Thomas,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo,

14. INFORMANT: J, H, Hyten,
(Address): R, F, D, Fulton, Mo,

15. FILED 3-26-1928 R. N. Crews REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/26/1928

17. I HEREBY CERTIFY, That I attended deceased from 3/18/1928, to 3/26/1928, that I last saw her alive on 3/25/1928, and that death occurred, on the date stated above, at 7:20 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influga
11R
97 11B
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Asterio Schlosser
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. H. Christian, M. D
, 19 (Address) Fulton 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: Mount Carmel Church
DATE OF BURIAL: 3/27/28

20. UNDERTAKER: Herndon-Taylor Furn-Co,
ADDRESS: Fulton, Mo,