

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

Do not use this space.

12 757-B

1. PLACE OF DEATH

County Dallas

Registration District No. 245

Township Director

Primary Registration District No. 5339

City Urbana (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Geo. Washington Hyde

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

73

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Urbana
(STATE OR COUNTRY) Dallas and

10. NAME OF FATHER Samuel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Urbana
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Lucinda
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Urbana
(STATE OR COUNTRY) Ill.

14. INFORMANT J. H. Hyde
(Address) Urbana and

15. FILED Sept 2 1928 Miss Arthur Deady
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1928

17. I HEREBY CERTIFY That I attended deceased from July 1 1928 to April 10 1928 that I last saw h. alive on April 9 1928 and that death occurred, on the date stated above, at Urbana, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
31 (duration) 6 yrs. 6 mos. 6 da.

CONTRIBUTORY (SECONDARY) None
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH. no DATE OF _____
WAS THERE AN AUTOPSY. no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. P. Richey M. D.
, 19 (Address) Urbana, 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 Howard Chapel DATE OF BURIAL April 11 1928

20. UNDERTAKER E. A. Rusk ADDRESS Urbana, Mo.

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.

DEPARTMENT RECORD

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CT 26 1928

