

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

28 Do not use this space
98 9-20
28293
1-10-1928
File No.
Registered No. 9
St. Ward

1. PLACE OF DEATH
 County St. Clair Registration District No. 769
 Township East of Speedwell Primary Registration District No. 6015
 City Rockville
 2. FULL NAME OF DECEASED Joseph L. Hyde Rector
 (a) Residence No. _____ St. _____ Ward. _____
 (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Emma Rector
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-20-1896
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
31 | 10 | 17
 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) _____ (STATE OR COUNTRY) Mo
 10. NAME OF FATHER James H Rector
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky
 12. MAIDEN NAME OF MOTHER Emma F Bunnell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ind

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 7 1928
 17. I HEREBY CERTIFY, That I attended deceased from 7
27 1928, to 8 = 7 1928.
 that I last saw him alive on 7 = 7 1928, and that death occurred, on the date stated above, at 8:45 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever
 (duration) yrs. mos. ds. _____
 CONTRIBUTORY (SECONDARY) Typhoid Bacillus
 (duration) yrs. mos. ds. _____
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS? Constant High fever
 (Signed) J. W. Richardson M. D.
 _____, 1928 (Address) Villis No
 *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 Rocky Cemetery DATE OF BURIAL 8-8-1928
 20. UNDERTAKER W. M. Guinn Eldorado Springs, Mo. ADDRESS _____

14. INFORMANT Bernice Mathews
 (Address) Rockville, Mo. R.B.
 15. FILED 8-8-1928 J. W. Dawson REGISTRAR

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.

General symptoms

