

BY 28 1928

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

Do not use this space.

34118

1. PLACE OF DEATH

County..... St. Louis  
Township..... Carondelet  
City..... Koch

Registration District No. 1123  
Primary Registration District No. 6248 B

File No.....  
Registered No. 355  
St. .... Ward)

2. FULL NAME..... Hiatt William

(a) Residence. No. 1376 Mt. Clair St., ..... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. 2 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 6 3

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

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

10. NAME OF FATHER John Hiatt

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

12. MAIDEN NAME OF MOTHER Rebecca Sharp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)

14. INFORMANT R Koch Hospital Records (Address) Koch Mo

15. FILED Oct. 26 1928 L.C. Obrock M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 25, 1928

17. I HEREBY CERTIFY That I attended deceased from Aug. 28, 1928, to Oct. 25, 1928, and that I last saw him alive on Oct. 25, 1928, and that death occurred, on the date stated above, at 9:25 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis 23A  
About 4 yrs. mos. ds.  
CONTRIBUTORY Gastro-Intestinal Tbc. 25  
(SECONDARY) About 2 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum (Signed) A. J. Gullant M. D. 10/26/28 (Address)

\*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 Hillsboro Ill. 10/27/1928

20. UNDERTAKER ADDRESS C. R. Lupton 4499 Olive St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A CONTINUATION OF THE PREVIOUS PAGE

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.

