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

Do not use this space.

36853

1. PLACE OF DEATH U.S.V.Hosp. #67

County Jackson — Registration District No. 399 — File No.

Township Raw — Primary Registration District No. 2 — Registered No. 1531

City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME Hyatt, William Ernest — C-None — Sp. Amer. War Vet.

(a) Residence. No. 5041 Euclid St. Ward. 15 — Pvt 2nd Mo. Vol Co D

(Usual place of abode) Kansas City, Missouri. (If nonresident give city or town and State)

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.

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 Margaret Hyatt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5, 1876

7. AGE: Years 52 — Months ~~5~~ 6 — Days ~~26~~ 29 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Salesman

(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) Missouri

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT Margaret Hyatt (wife)

(Address) 5041 Euclid, Kansas City, Mo.

15. FILED 11/7, 19 28 M. M. Crowe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 4 1928

17. I HEREBY CERTIFY, That I attended deceased from November 1, 1928 to November 4, 1928 that I last saw him alive on November 4, 1928, and that death occurred, on the date stated above, at 11:45 a.P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Prostate Gland

51c

49

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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

O DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) W. E. CHAMBERS, M. D. Medical Officer in Charge.

U.S.V. Hospital, Kansas City, 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 Mt. Moriah — DATE OF BURIAL 11/7 1928

20. UNDERTAKER The Taylor Funeral Home Inc — ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK