

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

Do not use this space.

6348

1. PLACE OF DEATH

County Jackson Registration District No. 298  
Township Blue Primary Registration District No. 3619  
City Independence, Mo. S. Hamilton St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 75

2. FULL NAME

(a) Residence. No. 127 So. Fuller Ward \_\_\_\_\_  
(Usual place of abode) (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 Augusta Hyatt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
57 9 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor  
(b) General nature of industry, business, or establishment in which employed (or employer) Wagon State Mill  
(c) Name of employer Independence, Mo

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo. Mo

10. NAME OF FATHER

Jacob Hyatt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT

Mrs Augusta Hyatt  
(Address) (27) So. Fuller

15. FILED

3-1-29 F. L. Cook  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-26 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-8, 1929, to 2-26, 1929, that I last saw him alive on 2-25, 1929, and that death occurred, on the date stated above, at 2306 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Septicemia (Streptococcus)

18A. CONTRIBUTOR (SECONDARY) Septicemia, internal rupture of vein  
Ext. blood abscess  
(duration) yrs. mos. ds. 1 0 0

18. WHERE WAS DISEASE CONTRACTED? Independence Mo.

IF NOT AT PLACE OF DEATH: 2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/8/29

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Blood culture  
Post-mortem Autopsy (Signature) \_\_\_\_\_, M. D.

2-25 1929 (Address) 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 Mount Grove DATE OF BURIAL 2-28 1929

20. UNDERTAKER C. L. ... ADDRESS Independence, 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. MAR 22 1929

