

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

Do not use this space.

9350

1. PLACE OF DEATH

County Wright Registration District No. 908 File No. _____
 Township Ward Primary Registration District No. 6223 Registered No. 14
 City Mountain Grove, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Nancy Hyde
 (a) Residence. No. at home St. _____ Ward _____
 (Usual place of abode)
 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph M Hyde

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Adair
 (STATE OR COUNTRY) Miss

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Jane Rippey

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

14. INFORMANT (Address) John Hyde, R 8, Mountain Grove, Mo.

15. FILED 2/26, 1929 REGISTRAR J. M. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Failure
 (duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY) 205 B
 (duration) _____ yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Dr. J. M. [Signature], M. D.
 2/11, 1929 (Address) 714 1/2 [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 Bethel Chapel DATE OF BURIAL Feb 11, 1929

20. UNDERTAKER Ward 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.

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