

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

Do not use this space.

24945

**1. PLACE OF DEATH**

County Jasper  
Township Marion  
City Carthage (No. ....)

Registration District No. 408  
Primary Registration District No. 5562

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

(a) Residence No. Robert Lee Hyde St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 11 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 21-1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>4</u>	<u>11</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Jasper Co., Mo.  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Alexander Hyde</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Jasper Co., Mo.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Ruby Culton</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Arona, Mo.</u> (STATE OR COUNTRY)

14. INFORMANT A. Hyde  
(Address) Carthage Mo. R# 4

15. FILED 7/6/29 Uebelacker  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1929 to July 4, 1929 that I last saw him alive on July 4, 1929 and that death occurred, on the date stated above, at 5:00 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchitis pneumonia  
102A  
63  
(duration) ..... yrs. .... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Rachitis  
(duration) 1 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 100W

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? 100W

(Signed) Royd B. Clifton, M.D.

7/6 .1929 (Address) Carthage - Mo

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>First Cemetery</u>	DATE OF BURIAL <u>7-6 1929</u>
20. UNDERTAKER <u>Ulmer - Drake</u>	ADDRESS <u>Carthage</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*Tom*  
*July 25 1929*  
*2519*  
*1929*

