

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

Do not use this space.

30765
3787

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Realt Primary Registration District No. _____
 City Kansas City (No. 1903 E 16th) St. _____ Ward _____

2. FULL NAME

Stinson Hyde 4
 (a) Residence. No. 1903 E 16th St., _____ Ward. _____
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if nonresident, give city or town and State) yrs. mos. ds. How long in U.S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 0 6

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) Trussard, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Stephen Harden

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

12. MAIDEN NAME OF MOTHER Emma Davis

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

14. INFORMANT Stinson Hyde
 (Address) 1903 E 16th

15. FILED 9-7-29 m in Crane REGISTRAR
 asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/4/29 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/4/29 to 9/4/29, 1929, that I last saw her alive on 9/4/29 at 2:48 p.m. on that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH WAS AS FOLLOWS:
Septicemia
ISIA

(duration) 36 hrs. mos. ds.
 CONTRIBUTOR Carbuncle neck
 (SECONDARY)

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1520

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

170 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Imp. nose

(Signed) H. H. Brown M. D.
9-5-1929 (Address) 1705 E 12th

*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 Highland Cem DATE OF BURIAL 9/7/29 1929

20. UNDERTAKER Hicknet Bros ADDRESS 1729 Hyde

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.

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G. H. Brown.