

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

Do not use this space.

38030

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 313
St. Ward)

2. FULL NAME

Sarah Louise Hyde
(a) Residence. No. New York & Tower St. Ward.

Length of residence in city or town where death occurred 50 yrs. mos. ds.

(If nonresident, give city or town and State)

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1st - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 10 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Pacell Co
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Jacob Marchant

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

12. MAIDEN NAME OF MOTHER Martha Mitchell

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

14. INFORMANT Mrs. Joseph Riley
(Address) Sedalia R #15

15. FILED 1-21, 19-29 J.S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1929 to Nov 17, 1929 that I last saw h. alive on Nov 17, 1929 and that death occurred, on the date stated above, at 12:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
10? (duration) yrs. mos. 23 ds.
CONTRIBUTORY (SECONDARY) Hypertension
(duration) yrs. ? mos. ds.

18. WHERE WAS DISEASE CONTRACTED

1748 at place of death
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) Frank B. Long M. D.

11/19, 1929 (Address) Sedalia 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 Sedalia Mo DATE OF BURIAL Nov 19th 1929

20. UNDERTAKER W. Langley Bros ADDRESS Sedalia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

WRITE PLAINLY, WITH OMPADING INK—THIS IS A PERMANENT RECORD

235 80 85 2 235

