

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

Do not use this space.

11986

1930  
23

**PLACE OF DEATH**

County Cass Registration District No. 153  
Township Dolan Primary Registration District No. 1  
City Freeman (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Franklin Hite  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 1/2 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 Married  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Myrtle V. Hite

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 - 1950

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 10 9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

10. NAME OF FATHER Noah Hite

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Snyder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know  
(STATE OR COUNTRY)

14. INFORMANT Myrtle Hite  
(Address) Freeman Mo

15. FILED ap 30 1930 W. J. Laffoon  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1930

17. I HEREBY CERTIFY, That I attended deceased from 1927 to 1930 that I last saw him alive on Apr 21 1930 and that death occurred, on the date stated above, at 6-40-0 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED (duration) 7 yrs. mos. ds.

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) J. V. Carrish, M. D.  
, 19 \_\_\_\_\_ (Address) Freeman 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 Freeman Cemetery DATE OF BURIAL May 1 1930

20. UNDERTAKER Geo. E. Myers ADDRESS Chilwell Mo

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.

