

OCT 28 1930

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

Do not use this space.

32490

1. PLACE OF DEATH
County Ballwin Registration District No. 243
Township Linden Primary Registration District No. 5339
City Ballwin (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Thomas H. Hyde
(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 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 74 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 2 5

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

9. BIRTHPLACE (CITY OR TOWN) Ballwin Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Henry Hyde
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Creighton Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Betty Neum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Betty Hyde
(Address) Wadena Mo

15. FILED Oct 29 30 Mrs. Arthur Dowdy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1930 to Oct 4 1930
that I last saw him alive on Oct 4 1930, and that death occurred, on the date stated above, at 8:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Congest of the liver & stomach

M. D. (duration) 4 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) H. F. W. (duration) 0 yrs. 0 mos. 0 ds.

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

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

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. G. Garrison, M. D.
. 19 (Address) Courtsburg 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 Mission Ridge DATE OF BURIAL Oct 6 1930

20. UNDERTAKER L. B. Jones ADDRESS Buffalo 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.

