

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

Do not use this space.

36284

1. PLACE OF DEATH U.S.V.Hosp.

County Jackson
Township Kaw
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. H. P. Veterans Hosp.)

File No. 4602
Registered No. 4602
St. _____ Ward _____

2. FULL NAME HOYT, Horace Clark

C-None WOE

(a) Residence. No. 4244 Grant St. St. _____ Ward Pvt. Co B 28th M.G.Bn.
(Usual place of abode) Omaha, Nebraska, (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
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel Hoyt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>34</u>	<u>10</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Springfield,
(STATE OR COUNTRY) Nebraska

10. NAME OF FATHER Wilbur A Hoyt

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

12. MAIDEN NAME OF MOTHER Eunice A Ball

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

14. INFORMANT Mrs. Eunice McLeaney (mother)
(Address) 4244 Grant St. Omaha, Nebr.

15. FILED 11/19 30 M.M. Carrow
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 18 1930

17. I HEREBY CERTIFY, That I attended deceased from October 29 1930, to November 18 1930, that I last saw him alive on November 18 1930, and that death occurred, on the date stated above, at 11:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pyelo-Nephritis and Cystitis with Renal Insufficiency.
Mitral Insufficiency.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900 (duration) _____ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam. & Lab.

(Signed) W.E. Chambers, M. D.
W.E. CHAMBERS, Medical Officer in Charge
U.S.V.Hosp. Kansas City, Missouri.

*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 Omaha Nebr **DATE OF BURIAL** 11/19 1930

20. UNDERTAKER Freeman Mortuary **ADDRESS** Kl. 8no

Exact statement of OCCUPATION is very important. Cause of DEATH in plain terms, so that it may be properly classified. Every effort of informant should be carefully supervised. Informant should be interviewed in plain terms, so that it may be properly classified.

