

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

Do not use this space.

311

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.

FEB 18 1931

**1. PLACE OF DEATH**  
 County Buchanan Registration District No. 86  
 Township Washington Primary Registration District No. 5127  
 City St. Joseph, Mo. (No. 1721) Jule Water Works Road St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Winston Finncott Hyatt

(a) Residence. No. 1721 Jule 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** Married  
(write the word)  
Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Louise Hyatt

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** August 20 1900

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, hrs. or min.</b>
	<u>30</u>	<u>4</u>	<u>14</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Coal dealer

(b) General nature of industry, business, or establishment in which employed (or employer). Mich. Father

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Joseph, Missouri

**10. NAME OF FATHER** G. E. Hyatt

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** St. Joseph, Missouri

**12. MAIDEN NAME OF MOTHER** Josephine Tegmeier

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Detroit, Michigan

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** January 4, 1931

**17. I HEREBY CERTIFY, That I attended deceased from** viewed on  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
 that I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 2:00 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Airplane crash, Stunting at nose diving. Deceased at controls near St Joseph Mo.

VIA M (duration) yrs. mos. ds. none

**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_ (duration) yrs. mos. ds. \_\_\_\_\_

**18. WHERE WAS DISEASE CONTRACTED?** \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?** Facts

(Signed) B. W. Talbot Coroner M. D.  
1/5, 1931 (Address) 821 Francis

**14. INFORMANT** Mrs. G. E. Hyatt  
 (Address) St. Joseph, Mo.

**15. FILED** 5, 1931 J. J. Barschke  
 REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Linwood City, Mo. Cremation **DATE OF BURIAL** Jan. 6, 1931

**20. UNDERTAKER** Fleeman Funeral Home ADDRESS 1940 Parkman

