

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

Do not use this space.

412

PLACE OF DEATH  
County Callaway  
Township Round Prairie  
City..... (No.....)..... St..... Ward.....

Registration District No. 104  
Primary Registration District No. 5165

File No.....  
Registered No. 1

2. FULL NAME Hiram Hyten  
(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 Mary Hyten

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/18 1855

7. AGE YEARS 75 MONTHS 2 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.

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

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

10. NAME OF FATHER Simpson Hyten

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

12. MAIDEN NAME OF MOTHER Eliza Boyd

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

14. INFORMANT Mrs. Mary Hyten  
(Address) R.F.D. Fulton Mo.

Jan 3, 1931 R. N. Crews  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/2 1931

17. I HEREBY CERTIFY, That I attended deceased from 12/27 1930 to 1/2/1931, 19....., that I last saw him alive on 1/2/31 and that death occurred, on the date stated above, at 8.30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Unknown.  
Begun sudden vomiting in the night and continued black vomit until death in morning. (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) Neuro psychosis,  
delusions, (duration)..... yrs. 4 mos..... ds.

18. WHERE WAS DISEASE CONTRACTED 31  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Diag. not made.  
(Signed) Glenn D. McCarty, Call, M. D.  
19..... (Address) Fulton 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 Carrington Cemetery DATE OF BURIAL 1/4 31

20. UNDERTAKER Herndon Taylor ADDRESS Fulton Mo.

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 1931

PARENTS

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