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.

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

Do not use this space.

37570

File No. 4425

Registered No.

1. PLACE OF DEATH

County JACKSON — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 3229 Victor St. Ward)

2. FULL NAME Evelene Hyatt

(a) Residence, No. 3229 Victor 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widwoed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theo. Hyatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby. 17, 1854

7. AGE: YEARS 77 — MONTHS 8 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: James F. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Pauline Vivian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

17. INFORMANT (ADDRESS): Mrs. Myrtle H. Jordan 3229 Victor

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg, Mo. DATE Nov. 3, 1931

19. UNDERTAKER (ADDRESS): Stine & McClure Und Co.

20. FILED 11-3-1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-29, 1931, to 11-3, 1931

I last saw her alive on 11-3, 1931. Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage — Date of onset 10-14-31

924

Other contributory causes of importance: Chr. Lung failure (valvular insufficiency)

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. Lowry M. D.

(Address) 626 Lathrop Bldg.

10:30