

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.

96
12
8

AN 27 1932

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

Do not use this space.

41434

1. PLACE OF DEATH
County St. Louis Registration District No. 788
Township _____ Primary Registration District No. 4471
City Webster Groves (No. 430, Foster ave)
File No. _____
Registered No. 122
St. _____ Ward _____

2. FULL NAME Henry Simmons Hyatt
(a) Residence, No. 430 Foster ave. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 10 22

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

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 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Providence, Rhode Island

13. NAME Henry Simon Hyatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, New Jersey

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown ?!

17. INFORMANT (ADDRESS) Joseph H. Hyatt, 4140 Foster

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Dec 22 1932

19. UNDERTAKER (ADDRESS) Parsons Drug Co, Webster Groves Mo

20. FILED 12/21 1932 Dr. J. W. Westrup, 502 Colaba, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1932

22. I HEREBY CERTIFY That I attended deceased from June 10 1931 to Dec 20 1932
I last saw him alive on Dec 5 1932 Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 12/20/32
Atheroma of blood vessel
Arterial Hypertension

Other contributory causes of importance:
Atheroma of blood vessel
Arterial Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No
If so, specify _____
(Signed) Wm. S. Barker, M. D.
(Address) 802 Atlantic, Webster Groves.

at
Folk