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.

SEP 1934

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

Do not use this space.

30650

1. PLACE OF DEATH
County St. Louis
Township Central
City Wel Grove
Registration District No. 788
Primary Registration District No. 4471
File No.
Registered No. 80
(No. , St. Ward)

2. FULL NAME EDITH HYATT
(a) Residence, No. NORTH AND SOUTH RD. & ROSE AVE. St. WEBSTER GROVES. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 28. 1899
7. AGE YEARS 34 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. armature winder
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) ST LOUIS MO

FATHER
13. NAME SAMUEL HYATT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME MARY SMITH
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) CLARENCE COONS Box 270 - R. 5. Webster Groves
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picture DATE Aug 20 1934
19. UNDERTAKER (ADDRESS) JAY B. SMITH 7456 Manchester
20. FILED 8-18 1934 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1934 to Aug. 17, 1934
I last saw her alive on Aug. 17, 1934 Death is said to have occurred on the date stated above, at 1045 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Mammae	Jan 1934

Other contributory causes of importance:
Carcinoma of liver (metastasis)

Name of operation Amputation Date of Feb. 14, 1934
What test confirmed diagnosis? micro-eg. 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? no
If so, specify —
(Signed) M. Lean, M. D.
(Address) Clayton, Mo.