NOV 8 1934

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

Do not use this space.

File No. 32259

Registered No.

1. PLACE OF DEATH
County: Christian
Township: Sparta
City: Sparta (No. ..... St. ..... Ward)
Registration District No. 185
Primary Registration District No. 4114

2. FULL NAME: Franz Sigel Hyde
(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Lena Hyde

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2nd 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	6	4	

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

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

PARENTS
10. NAME OF FATHER Houston Hyde
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Jane Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn

14. INFORMANT Paris Hyde
(Address) Springfield Mo

15. FILED 11-6, 1934 Josephine Merritt REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 6th 1934

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1934 to Sept 6th, 1934 that I last saw him alive on Sept 6th, 1934 and that death occurred, on the date stated above, at 6-50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pyloric Ulcer
1 7 A
1 2 B
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Hemorrhage
(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? Physical
(Signed) H. L. Wise M. D.
8/7, 1934 (Address) Sparta 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	DATE OF BURIAL
Sparta Cemetary	9-7th 1934
20. UNDERTAKER	**ADDRESS**
Raymond Chaffin	Sparta

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 20 1947