Duplicate

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

Do not use this space.

31564

1. PLACE OF DEATH

County: Scott — Registration District No.: 821

Township: — Primary Registration District No.: 4553

City: Sikeston (No. ..... St. ..... Ward)

File No.: ..... Registered No.: .....

2. FULL NAME Albert Hilson Hylie

(a) Residence, No. N. Bingshighway St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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 Ella Williams Hylie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	10	26	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Aug. 25 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belen Mo.

FATHER

13. NAME Hilson Hylie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Emeline Bulwin

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

17. INFORMANT Mrs Lucy G. Humphrey (ADDRESS) Sikeston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo DATE Sept. 16, 1935

19. UNDERTAKER H. J. Hylah (ADDRESS) Sikeston Mo

20. FILED Sept 18, 1935 G. W. H. Brisnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1935, to Sept 14, 1935

I last saw him alive on Sept 11, 1935. Death is said to have occurred on the date stated above, at 1:10 m.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) G. W. H. Brisnell, M. D.

(Address) Sikeston 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.

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