

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

Do not use this space.

31695

1. PLACE OF DEATH
County High Plains Registration District No. 896
Township High Plains Primary Registration District No. 6200
City (No. St. Ward)

2. FULL NAME William S. Hyder
(a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen V. Hyder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 14

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

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) Kansas City Mo

13. NAME Jacob Hyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Elizabeth Hume

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) W. O. Hyder

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE Oct 10 1935

19. UNDERTAKER (ADDRESS) McIntosh Funeral Home

20. FILED Oct 10 1935 Elizabeth Highfill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1935 to Sept. 28 1935
I last saw him alive on Sept. 28 1935 Death is said to have occurred on the date stated above, at 12:50 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis = Date of onset Years
Acute Decompensation &
Pulmonary Oedema terminal
920
Other contributory causes of importance:
Fibrosis of Lungs from plaster Years
dust (Followed plastering trade
several years)

Name of operation No 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? Yes
If so, specify Dust injury to lungs - Plasterer
(Signed) W. P. Macdonnell, M. D.
(Address) Marshfield, 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.

~~1934~~
1935