

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.

NOV 21 1935

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

Do not use this space.

32759

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 300
Primary Registration District No. No. St. Mary's H.S. & P.H.

File No. _____
Registered No. 32759
St. _____ Ward _____

2. FULL NAME

Miss Edith M. Hoyt
(a) Residence, No. 812 East 44th St., Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 4-1870
7. AGE YEARS 65 MONTHS 1 DAYS 10 IF LESS than 1 day, hrs. or min. _____

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

13. NAME NATHAN HOYT

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

15. MAIDEN NAME ELIZA JANE ANDREWS

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

17. INFORMANT MR. C. L. HOYT (ADDRESS) WICHITA, KANSAS

18. BURIAL, CREMATION, OR REMOVAL PLACE WICHITA, KANSAS DATE OCTOBER 15, 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 10-15 1935 M. M. Crowl, clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1935 to Oct 14 1935
I last saw her alive on Oct 14 1935 Death is said to have occurred on the date stated above, at 7:25 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas? (Date of onset _____)

Other contributory causes of importance: Cholelithiasis 3460

Name of operation Exploratory Lap. Date of Oct 14-35
What test confirmed diagnosis? Specimen Was there an autopsy? yes

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) J. E. Castle, M. D.
(Address) 822 Apple Bay

ORIGINAL RESERVED FOR BINDING

16 M-3-28-35

