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.

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

DEC 19 1935

Do not use this space.

36688

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3079 — Registered No. 323

City Hannibal (No. ~~Huntington~~ Mo St Elizabeth Hosp. St. Ward)

2. FULL NAME Annette H. Hyke

(a) Residence, No. Huntington Mo 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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowe

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward W.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May. 16, 1870

7. AGE: YEARS 65 — MONTHS 5 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): McDonough county Ill

FATHER

13. NAME: Ben. Parks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Lovina Strande
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Mrs John Duplay Huntington Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE 11/9/35 19

19. UNDERTAKER (ADDRESS): James Oslonnell Hannibal, Mo

20. FILED Nov 13, 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934 to Nov 8, 1935

I last saw her alive on Nov 8, 1935 Death is said to have occurred on the date stated above, at 8 15 a m.

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

	Date of onset
Ca of Stomach	
(Carcinoma of Stomach)	
Other contributory causes of importance:	
Monition	
Malnutrition	

Name of operation: Nom Date of

What test confirmed diagnosis? Clin 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?

If so, specify

(Signed) J J Reichman, M. D.

(Address) 1001 Bldg Hannibal Mo