

JAN 21 1936

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

38409

File No.
Registered No. 49 St. Ward

1. PLACE OF DEATH

County Ashtabur
Township Osage
City (No.) St. Ward

Registration District No. 896
Primary Registration District No. 6198

2. FULL NAME

Albert H. Hyde

(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 Hyde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
71 7 22

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

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) Ashtabur Co. Mo

13. NAME John A. Hyde

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

15. MAIDEN NAME Belinda Dyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashtabur Mo

17. INFORMANT (ADDRESS) Clarence Hyde

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshfield DATE Nov 25 1935

19. UNDERTAKER (ADDRESS) Th. Mahoney Funeral Service

20. FILED Nov 12 1935 Elizabeth Hight Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1935, to Nov. 27 1935
I last saw him alive on Nov. 27 1935 Death is said to have occurred on the date stated above, at 3-20 p.m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, generalized.
Arterio sclerotic valvular heart disease

Date of onset
Years
Years

Other contributory causes of importance:
Bronchial Pneumonia (terminal) Nov. 24/35

Name of operation Date of
What test confirmed diagnosis? Clinical only 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) C. Macdonnell, M. D.
(Address) Marshfield, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

