

APR 16 1936

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

Do not use this space.

9540

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 82
St. _____ Ward _____

2. FULL NAME

Bessie Hoyt

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 12 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) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Hoyt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-24-1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 0 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) April 1935 11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.13. NAME William Field14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK.15. MAIDEN NAME Sarah Willard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK.17. INFORMANT (ADDRESS) Hospital Records Fulton Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE State DATE Mar 8 193619. UNDERTAKER (ADDRESS) State Mo20. FILED Mar. 6 1936 R. M. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6, 19 36
22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1935, to Mar 6, 19 36
I last saw her alive on Mar 5, 19 36 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 2/29/36
Lower Left Pulmonary Embolism 3/6/36

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Jes. R. Mulkey, M. D.
(Address) Fulton, 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.

