

N. L.—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 28 1936

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

Do not use this space.

37464

1. PLACE OF DEATH

County Harrison  
Township Baltis  
City (No. ....) .....

Registration District No. 320  
Primary Registration District No. 5K82

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

William David Hoyt

(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 <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>oct 16 1936</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>6</u>
IF LESS than 1 day, ..... hrs. or ..... min.		

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

12. BIRTHPLACE (CITY OR TOWN) Harrison Mo  
(STATE OR COUNTRY)

13. NAME Carl Hoyt

14. BIRTHPLACE (CITY OR TOWN) Harrison Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Clella Fay Harrier

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

17. INFORMANT C. F. Harrier  
(ADDRESS) New Hampton Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Foster DATE oct 22 1936

19. UNDERTAKER W. H. Noble  
(ADDRESS) New Hampton

20. FILED NOV 4 1936 J. G. Harrier  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) oct 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from oct 16, 1936 to oct 22, 1936

I last saw him alive on oct 22, 1936. Death is said to have occurred on the date stated above, at 4:30 pm.

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

Septicemia  
16/13  
Date of onset

Other contributory causes of importance:  
Septicemia

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) R. L. Green D.O. M. D.  
(Address) New Hampton, Mo.

