

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

Do not use this space.

300

MOB 5 1937

1. PLACE OF DEATH

County BUCHANAN Registration District No. 35
 Township WASHINGTON Primary Registration District No. 1001
 City ST. JOSEPH (No. MO. METH. HOSPITAL) St. Ward

File No.
 Registered No. 99

2. FULL NAME GEORGE M. HYMER

(a) Residence, No. 2411 SENECA ST. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 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 HUSBAND OF EDITH HYMER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 3, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ELECTRICIAN
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GOETZ BREWING CO.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VANCE KANSAS

FATHER 13. NAME MERRETT HYMER

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

MOTHER 15. MAIDEN NAME MARTHA THRAIL

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

17. INFORMANT (ADDRESS) 2411 SENECA ST. JOSEPH, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. HOPE, DATE JAN. 30, 1937

19. UNDERTAKER (ADDRESS) KANSAS CITY KANS. FLEEMAN & SON, INC. 1946 COL HORN ST. ST. JOSEPH, MO.

20. FILED 1-29 19 37 St. Joseph, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1937, to 1-27, 1937

I last saw him alive on 1-27, 1937. Death is said to have occurred on the date stated above, at 2:00 P.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: Stomatitis

Name of operation Splenectomy Date of 1-15-37
 What test confirmed diagnosis? Operation 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) Paul Ferguson, M. D.
 (Address) St. Joseph, Mo.

