

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

Do not use this space.

1322

FEB 25 1937

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1. PLACE OF DEATH
 County Jackson Registration District No. 299
 Township Jaw Primary Registration District No. 1004
 City Jackson City (No. 2) Ward: Hosp # 2.1 St. _____ Ward) _____
 2. FULL NAME Ethel Hyromous "Hyromous"
 (a) Residence, No. 2454 Beffountain 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1889
 7. AGE YEARS 47 MONTHS 11 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 230
 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) Topeka Kansas
 13. NAME Andrew Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 15. MAIDEN NAME Alice Kance
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas
 17. INFORMANT (ADDRESS) Gladys Hyromous 2454 Beffountain
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 1/8 1937
 19. UNDERTAKER (ADDRESS) Nathans Bros 1729 Lydia
 20. FILED 1-8 1937 M. D. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1937
 22. I HEREBY CERTIFY That I attended deceased from _____, 19____
 I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:01 AM.
 The principal cause of death and related causes of importance were as follows:
Removal of the pine Date of onset _____
 Other contributory causes of importance _____
 Name of operation _____ Date _____
 What test confirmed diagnosis _____ Was there an autopsy _____
 23. If death was due to external cause (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 factory, 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) [Signature] _____, M. D.
[Signature]

Cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

Dr. Hugg.

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