MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8351

Township ..... Primary Registration District No. 1003 Registered No. 1802

City St. Louis, Mo. (No. Christian Hospital St. ..... Ward)

2. FULL NAME Kate Hyland

(a) Residence, No. 4808a Bessie St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Hyland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	11	4	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Piedmont, Missouri

FATHER

13. NAME Thomas Riley

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

MOTHER

15. MAIDEN NAME Josephine Kelley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County, Missouri

17. INFORMANT (ADDRESS) Mae Culberson 1622 Broadway, Flint, Mich.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blythesville, Ark. DATE February 13, 37

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED FEB 10 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 - , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 7 - , 1937, to 2 - 10 - , 1937

I last saw her alive on 2 - 9 - , 1937. Death is said to have occurred on the date stated above, at 9 a. m.

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

Acute myocarditis

Date of onset

Other contributory causes of importance:

Influenza -

Hyper Thyroidism

Name of operation none 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? No 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 None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. S. McCall, M. D.

(Address) 2806 Hadley St Louis 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.

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2806 Hadley