

APR 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Hicklin  
Township Buffalo  
City Cardwell (No. .... St. .... Ward)

Registration District No. 283  
Primary Registration District No. 5402

File No. 11765  
Registered No. ....

## 2. FULL NAME

Jerry Dale Hyde  
(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1936  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
5 18

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

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

13. NAME Johannis Hyde

14. BIRTHPLACE (CITY OR TOWN) Birmingham Ala.  
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Benise Franklin

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

17. INFORMANT John Hyde  
(ADDRESS) Cardwell, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell DATE 11/18 1937

19. UNDERTAKER P. S. Mitchell  
(ADDRESS) Prichard, Ala.

20. FILED 4-10-37 C. Dawson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 5th, 1937, to Jan 18, 1937.

I last saw him alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 3:25 A.M.

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

Bronchitis  
Pneumonia

Other contributory causes of importance:

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) D. T. Dempsey, M. D.  
(Address) Smith 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.

July 12, 1937

Dr. D. T. Dempsey  
Senath, Missouri

Dear Doctor Dempsey:

Enclosed is a supplement to the death certificate of Jerry Dale Hyde, whose death occurred January 18, 1937 in Dunklin County. You have signed the certificate as the attending physician.

Will you please write in on the supplemental if there were any complications prior to or along with the bronchial pneumonia, as measles, whooping cough, etc.?

For your convenience we are enclosing a franked, self-addressed envelope, which requires no postage. Assuring you of our appreciation for your early attention to this matter, I am

Yours very truly,

Frances Idick  
Assistant State Registrar

FI:L  
Encl.

By direction of Dr. Harry F. Parker  
State Health Commissioner.