

REC'D APR 18 1938

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

Do not use this space.

10356

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Divorced

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

Not known

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

Unknown 1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

47

OCCUPATION

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

Not Salesman

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ninnes Parish,
Louisiana

13. NAME

Newton Hyde

MOTHER

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

Unknown

15. MAIDEN NAME

Elizabeth Brewer

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

Unknown

17. INFORMANT
(ADDRESS)W. F. Hyde,
Shreveport, La.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Winnfield, La.

DATE

3/13

1938

19. UNDERTAKER
(ADDRESS)Mrs.ombs Funeral Co
Jackson, Mo.

20. FILED

3-11

1938

D. G. Suber

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from
Mar 10th 8 PM, 1938, to Mar 10th 8¹⁵ PM, 1938I last saw him alive on Mar 10, 1938. Death is said
to have occurred on the date stated above, at 3¹⁵ P. m.

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

Coronary Thrombosis

Date of onset
3/10/38

Other contributory causes of importance:

None

Name of operation

What test confirmed diagnosis? 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) R. W. Stambaugh, M. D.

(Address) Jackson Mo

120

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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JAN 20 1946