

REC'D JUN 17 1938

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

18170  
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 282  
(b) Township 1 Primary Registration District No. 4166 Registered No. 15  
(c) City Campbell (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hinnie D. Hyatt

(a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1938

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

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1938, to May 3, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11 - 1887

I last saw h. ev. alive on May 3, 1938 Death is said to have occurred on the date stated above, at 2:10 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 8 22

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

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

General Infection from embolus Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

Other contributory causes of importance:

FATHER 13. NAME David M. Fyffe

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

MOTHER 15. MAIDEN NAME Ida Lewis

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

17. INFORMANT (ADDRESS) Esco Hyatt & Family Campbell, Mo.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. DATE May 5, 1938

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) Landess Funeral Home Campbell, Mo.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

20. FILED 5-5 1938 E. H. Landess Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify John R. Brown, M. D. (Signed) Campbell (Address) \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**