REC'D JUN 24 1938

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

Do not use this space.

19851

1. PLACE OF DEATH
County ~~[illegible]~~ north
Registration District No. 904
Township ~~[illegible]~~ Union
Primary Registration District No. 6275
City (No. St. Ward)
File No.
Registered No.

2. FULL NAME Washington Hoyt
(a) Residence, No. 300 Sheridan St. Ward. (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
66	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Fremont County Iowa.

FATHER
13. NAME Washington Hoyt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Anna Cash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT Herman Hoyt
(ADDRESS) Sheridan Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Isadora Cemetery DATE May. 2 1938

19. UNDERTAKER Long & Boyd
(ADDRESS) Sheridan Mo.

20. FILED May-1- 1938 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr 30 1938

22. I HEREBY CERTIFY, That I attended deceased from april 30, 1938, to april 30, 1938,
I last saw him alive on apr 30, 1938. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows: Date of onset
~~Cerebretage~~
Cerebral hemorrhage-

Other contributory causes of importance:

824

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) H. C. Long, M. D.
826 (Address) Sheridan 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.