

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 9 1938

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

Do not use this space.

30059

1. PLACE OF DEATH

County Saint Louis
 Township Carondelet
 City Jefferson Barracks (No. 270)

Registration District No. 784
 Primary Registration District No. 270

File No. _____
 Registered No. 1436
 St. _____ Ward _____

2. FULL NAME William P. HOYT

(a) Residence, No. 7407 Virginia Avenue St. _____ Ward. Saint Louis, Missouri.
 (Usual place of abode) Unkn. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 0 6

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

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) Saint Louis (STATE OR COUNTRY) Missouri

13. NAME William Hoyt

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

15. MAIDEN NAME Martha Carr

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

17. INFORMANT Clinton J. Jefferson (ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Missouri DATE Aug 30/38

19. UNDERTAKER W. H. Hall, 2402 N. 1st St. (ADDRESS) St. Louis, Mo.

20. FILE NO. _____ REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1938, to August 27, 1938

I last saw him alive on August 27, 1938. Death is said to have occurred on the date stated above, at 7:15A.M.

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

Coronary occlusion associated with generalized arteriosclerosis. Date of onset Unkn.

Other contributory causes of importance: Myocardial disease (chronic myocarditis) congestive type of cardiac failure with hypertrophy & dilatation.

Name of operation None Date of _____
 What test confirmed diagnosis? Phys. clinical manif. and lab. 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? _____
 If so, specify _____
 (Signed) C. W. HUGHES, Chief Med. Officer M. D.
 (Address) VAF Jeff. Barracks, Mo.

