REC'D NOV 14 1938

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

35067
Do not use this space.

1. PLACE OF DEATH
(a) County: Boone
(b) Township:
(c) City: Columbia
Registration District No.: 73
Primary Registration District No.: 3006
Registered No.: 225
(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: 300 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: VIRGINIA HYDE
(a) Residence, No.: 1303 Grand Ave 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29-1937
7. AGE: Years 1 Months 2 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: at Home
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): Boone County Missouri

FATHER
13. NAME: Vinci Hyde
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Mary Helen Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mary Helen Hughes Hyde Columbia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nashville DATE: Oct. 3rd 1938
19. FUNERAL DIRECTOR (ADDRESS): W. H. Vandeventer Columbia, Mo.
20. FILED 10/3/ 1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 2nd 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1938 to Oct 2 1938
I last saw h... alive on Oct 2 1938 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Inflammation of Larynx — Swamp mucous membranes not made.	Oct 1 1938

Other contributory causes of importance:
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Name of operation: Tracheotomy Date of: 10-2-38
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?
If so, specify
(Signed) W. K. Lauchner M.D.
(Address) Columbia, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, C. H. Vandewinter, Licensed Embalmer No. 2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by: me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed C. H. Vandewinter

Licensed Embalmer No. 2494

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