REC'D JAN 11 1939

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

42301
Do not use this space.

1. PLACE OF DEATH
(a) County: Boone
(b) Township: Columbia
(c) City: Columbia
Registration District No. 73
Primary Registration District No. 3006
Registered No. 292
(d) Street No.: Boone County Hospital 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.

10 3 4

2. PRINT FULL NAME: Eliza Mastick Hyde
(a) Residence, No. Princeton, Mo 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): Widowed
5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Ira B. Hyde
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-14-1862
7. AGE: Years 76 Months 10 Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as 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): San Francisco Calif.

FATHER
13. NAME: Edwin Baird Mastick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Claridon Ohio

MOTHER
15. MAIDEN NAME: Lucia Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henderson N.Y.

17. INFORMANT (ADDRESS): B. B. Glenn Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Princeton Mo DATE: 12-17 1938

19. FUNERAL DIRECTOR (ADDRESS): Carter Furniture Co. Columbia, Mo.

20. FILED 12/16/1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-11- 1938, to 12-14- 1938, I last saw her alive on 12-14- 1938. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, Hypostatic — Date of onset 12-3-38
Other contributory causes of importance: Thrombus Cerebral — 11-11-38
Name of operation: None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. D. Dysart, M. D.
74 (Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, W. H. VandeVenter, 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 W. H. VandeVenter

Licensed Embalmer No. 2494

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.)