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

REC'D FEB 25 1939

3324
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway 2 Registration District No. 625
(b) Township Primary Registration District No. 3031 Registered No. 14
(c) City Maryville (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 360 Helen Marie Hyde
(a) Residence, No. 518 East First 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 F.
4. COLOR OR RACE W.
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) March 25, 1923
7. AGE YEARS 15 MONTHS 10 DAYS 5, 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.
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) Burlington Jct., Mo.

FATHER
13. NAME Cecil Hyde
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Iowa.

MOTHER
15. MAIDEN NAME Addie Dalrymple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Mo.

17. INFORMANT (ADDRESS) Mrs. Addie Hyde Maryville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pickering Mo. DATE Feb. 1, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville Mo.
20. FILED 2-1 1939 Mamie E. Clardy Local Registrar. 556

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1939, to Jan 30, 1939
I last saw her alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:
Ruptured bowel from Mechanical Obstruction of Bowel
121
Date of onset
Other contributory causes of importance:
Ruptured appendix 2 months previous - Drainage of appendiceal abscess
Name of operation Clinical & Lab. Date Sept 1938
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? No
If so, specify
(Signed) Chas. T. Bell, M. D.
(Address) Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, John W. Price, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John W. Price

Licensed Embalmer No. 3229.

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.