

REC'D MAR 13 1939

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

7158
Do not use this space.

1. PLACE OF DEATH

(a) County Mason Registration District No. 547
(b) Township Mason Primary Registration District No. 3079
(c) City Hannibal (d) Street No. St. Elizabeth Hospital Registered No. 52
(e) Length of residence in city or town where death occurred yrs. mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ANNA HOYT Anna Bell Hoyt
(Usual place of abode, if no street address, write county or city) St. Pittsfield, Mo.
(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 Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At 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) Louisiana Mo.

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

17. INFORMANT (ADDRESS) Ella Hoyt
Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barry, Mo. DATE Feb 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray P. Helms
Hannibal, Mo.

20. FILE NO. Feb 9, 1939 Registrar W.D. Jackson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8th, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 27 to Feb 8 1939
I last saw her alive on Feb 8, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Cerebral Embolism

Other contributory causes of importance:
Coronary Disease - 7/1/39
Acute Appendicitis Jan 26-39

Name of operation Appendectomy Date of Jan 27-39
What test confirmed diagnosis clinical & laboratory 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? No
If so, specify _____
(Signed) J. G. Sultman M. D.
(Address) Hannibal, Missouri

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.

64
5

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, Cecil E. Schwartz

Schwartz, or by _____

Registered Apprentice No. 2336, working under my personal supervision.

Signed Cecil E. Schwartz

Licensed Embalmer No. 2336

P. O. Address Hannibal, MO

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.)

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