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

Do not use this space.

14065

1. PLACE OF DEATH

County **Boone**   Registration District No. **73**   File No. _____

Township **Columbia**   Primary Registration District No. **3006**   Registered No. **13 0**

City **Columbia** (No. **Boone County Hospital**)   St. _____ Ward)

2. FULL NAME **Charlie David Hyde**

(a) Residence, No. **R 6 Columbia** St., _____ Ward.
(Usual place of abode)

(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.

(left margin, vertical text): EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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 **Musie Hyde**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 25 1876**

7. AGE   YEARS **59**   MONTHS **7**   DAYS **27**   If LESS than 1 day, ... hrs. or ...... min.

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

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) (STATE OR COUNTRY) **Boone Co Mo**

FATHER

13. NAME **Samuel Hyde**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER

15. MAIDEN NAME **Susan Love**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Wilford Hyde**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Rockyfork**   DATE **April 24, 36**

19. UNDERTAKER (ADDRESS) **R O Willett Columbia Mo**

20. FILED 4/24/ 1936 Alice Selby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **April 16, 1936** to **April 22, 1936**

I last saw h..... alive on **April 22, 1936** Death is said to have occurred on the date stated above, at **12 Noon**

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

Meningitis

Other contributory causes of importance

Otitis media & mastoditis

Name of operation _____ Date of _____

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? _____

If so, specify _____

(Signed) **E. D. Baskett** , M. D.

(Address) **Columbia**