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.

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

Do not use this space.

36149

File No. .....

Registered No. 87

Registration District No. 4 2 0

Primary Registration District No. 3 0 4 3 0

1. PLACE OF DEATH
56 County: St Ferson
2 Township: Vale
City: Orlando (No. ..... St. ..... Ward)

2. FULL NAME: Joseph Lee Hyatt

(a) Residence, No. 225 South 2 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: E. Kate Hyatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 7th 1869

7. AGE: Years 63 | Months 4 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Representative
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grand Lodge I.O.O.F.M.
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: 210

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo.

FATHER
13. NAME: Joseph A. Hyatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Mrs Kate Hyatt

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Joplin DATE: 11/28 1932

19. UNDERTAKER (ADDRESS): Richardson & McCluskey Joplin Mo

20. FILED: 11/28 1932 D. L. Pangly Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

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

	Date of onset
Unknown Natural Causes	
Probably Angina Pectoris	
or Coronary Thrombosis	9 hrs
Other contributory causes of importance:	24 hrs
Senility	9 yrs

Name of operation: None Date of: .....

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? No
If so, specify .....

(Signed) O. Heid (Coroner Jas. Co.), M. D.
(Address) Lamar Mo R2

11 I.A. of M.

1932-4-24
1869-7-7
68. 4. 17

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