

REC'D MAY 19 1939

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

Do not use this space.

14956

1. PLACE OF DEATH

County

Henry

Registration District No.

347

Township

Primary Registration District No.

3018

City

Clinton mo

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

George H. Hoyleton
Clinton mo

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

80 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Dec 28-1858

7. AGE

YEARS

80

MONTHS

3

DAYS

10

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Henry mo

13. NAME

John H. Hoyleton

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

Va

15. MAIDEN NAME

Rachel Harle

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

Henry mo

17. INFORMANT
(ADDRESS)Thos W. Hoyleton
Clinton mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Combs

DATE

4-9-39

19. UNDERTAKER
(ADDRESS)Fred W. Peterson
Clinton mo

20. FILED

4-29-39

J. B. Hampton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

4-8-39

22. I HEREBY CERTIFY, That I attended deceased from
10-25-1938, to 4-8-1939

Last seen h. a. alive on 4-7-1939 Death is said

to have occurred on the date stated above, at 12 PM

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

Mitral disease
Cerebral infarct
Pneumonia
Date of onset

Other contributory causes of importance:

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? No

If so, specify

(Signed)

Ed. C. DeLong
Clinton Mo

M. D.

(Address)

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.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-679.
Date Filed 5-4-39