

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

Do not use this space.

5749

1. PLACE OF DEATH

County Newton Registration District No. 209

Township Neesho Primary Registration District No. 4363

City Neesho (No. 432) Walter St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Charles M Wyatt

(a) Residence. No. _____ 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.

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 Mary Wyatt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 1872

7. AGE YEARS 55 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Scott Wyatt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arkansas
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marta Houston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT Jess Wyatt
(Address) Neesho Mo

15. FILED 8/3 1928 C. E. Maness
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1928

17. I HEREBY CERTIFY That I attended deceased from July 13 1928 until I last saw him alive on July 2 1928, and that death occurred, on the date stated above, at 3:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Manic Obsessive Insanity
8 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED L
IF NOT AT PLACE OF DEATH? L

DID AN OPERATION PRECEDE DEATH? L DATE OF _____

WAS THERE AN AUTOPSY? L

WHAT TEST CONFIRMED DIAGNOSIS? Anal. etc. (Signed) _____ M. D.

2-3 1928 (Address) Neesho Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Salem Cemetery DATE OF BURIAL 2-3 1928

20. UNDERTAKER Reynolds ADDRESS Neesho

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.

MAR 20 1928

JUL 8 - 1943

JUN 29 1943