

OCT 26 1928

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

Do not use this space.

30773

1. PLACE OF DEATH

County Jackson Registration District No. 404  
Township Grandview Primary Registration District No. 8088  
City Grandview (No. Grandview Mo.) St. Mo. Ward 54

2. FULL NAME Leota L. Wyatt

(a) Residence, No. Grandview, Mo. St. Mo. Ward 54  
(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 Female 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 W.G. Wyatt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18th 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 4 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife 47A  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Liberty, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Geo. W. Sharp

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

12. MAIDEN NAME OF MOTHER Virginia Ann Johnston

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

14. INFORMANT W.G. Wyatt  
(Address) Grandview Mo.

15. FILED 2-10-28 W.G. Wyatt REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 11th 1928

17. I HEREBY CERTIFY, That I attended deceased from June first, 1927, to Sept. 11, 1928.  
that I last saw her alive on Sept. 7<sup>th</sup>, 1928, and that death occurred, on the date stated above, at 7:50 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma Larynx  
(duration) 3 yrs. mos. ds.  
CONTRIBUTORY Carcinoma  
(SECONDARY) (duration) 2 yrs. mos. ds.

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

1. DID AN OPERATION PRECEDE DEATH. yes DATE OF Apr. 1927

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Clinical, Lab. & Surgical  
(Signed) Jos. E. Brennan, M. D.  
, 19 Grandview Mo (Address)

\*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 Mt. Moriah DATE OF BURIAL 9/13/28 19

20. UNDERTAKER R.V. Lindsey & Sons ADDRESS KC Mo.

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.

Pr. D. J. ...

1000

—

Pr. D. J. ...