

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

Do not use this space.

21637

**1. PLACE OF DEATH**

County Stoddard  
Township Richland  
City (No. ....) .....

Registration District No. 839  
Primary Registration District No. 6101

File No. ....  
Registered No. 32  
St. .... Ward)

**2. FULL NAME**

Northy Gladys Wyman  
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 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 None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-12-30

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
- 1 week -

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer)..... none  
(c) Name of employer.....

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

**PARENTS**  
10. NAME OF FATHER Oscar Wyman  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
12. MAIDEN NAME OF MOTHER Delena Payne  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Oscar Wyman  
(Address) Essex, RI.

15. FILED 6/14/30 J. P. Brunler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-14 1930

17. I, HEREBY CERTIFY, That I attended deceased from 6-18, 1930, to 6-19, 1930 that I last saw him alive on 6-19, 1930, and that death occurred, on the date stated above, at 11 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho. Pneumonia  
107A (duration) yrs. mos. 2 ds.  
CONTRIBUTORY (SECONDARY) 107A (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. P. Brunler, M. D.  
, 19 30 (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 Taylor Cem. DATE OF BURIAL 6-20 1930

20. UNDERTAKER None 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.

