

NOV 21 1930

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

Do not use this space.

32281

1. PLACE OF DEATH

County Cape Girardeau
Township Cape
City Cape Girardeau (No. 86. No Hospital)

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 534
St. _____ Ward) _____

2. FULL NAME

Harley A. Wyatt

(a) Residence. No. _____ St. _____ Ward. Jackson Mo
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 11 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Rolla Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John Wyatt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Council Bluffs Kans.

12. MAIDEN NAME OF MOTHER May Fitzthum

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

14. INFORMANT Mr John Wyatt
(Address) Jackson Mo.

15. FILED 10/13/30 W. C. Kauffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13th 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 13th, 1930, to Oct 13th, 1930, that I last saw him alive on Oct 15th, 1930, and that death occurred, on the date stated above, at 10:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of skull -
accidentally run over by
an automobile.

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Shock + hemorrhage
(SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 186th
IF NOT AT PLACE OF DEATH Jackson, Mo.

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 13th 1930
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? diagnostic findings
(Signed) E. P. Hehlert M. D.
10/13/30 (Address) Cape Girardeau, 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 Rolla Mo Cemetery DATE OF BURIAL Oct 16 1930

20. UNDERTAKER McComb Funeral Home ADDRESS Jackson Mo.

WRITE CAREFULLY WITH POUNDING 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.

10/13/50

Handwritten notes and scribbles, including a large 'C' in the center and various illegible markings.

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