

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

Do not use this space.

572

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs (No.) St. Ward)

File No.
Registered No. 4

2. FULL NAME

Jacob R Wyman
(a) Residence No. 715 Isley St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Sarah Wyman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26 - 1833

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>97</u>	<u>1</u>	<u>19</u>	

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

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

PARENTS	10. NAME OF FATHER <u>Christian Wyman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>
	12. MAIDEN NAME OF MOTHER <u>Martha Roane</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>

14. INFORMANT E. B. Cantow
(Address) Excelsior Springs, Mo.

15. FILED 1/16, 19 31 W. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-15 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 15, 1931, that I first saw him alive on Jan 13, 1931, and that death occurred, on the date stated above, at 9 a. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
110 Old age
162 Influenza pneumoniae
acute dyspnoea

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. P. Bartley, M. D.
, 19 (Address) Excelsior Springs 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 <u>Resgah</u>	DATE OF BURIAL <u>Jan 16 1931</u>
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20. UNDERTAKER <u>Herbert Hope</u>	ADDRESS <u>Excelsior Springs Mo</u>
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18 18 1931

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.

