

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

Do not use this space.

13226

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. Missouri Methodist Hospital)

85
Registration District No. _____
Primary Registration District No. 1001
St. _____ Ward _____

File No. _____
Registered No. 392
St. _____ Ward _____

2. FULL NAME Cavan Garrard Wyatt,

(a) Residence. No. 2615 Faraon St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 5 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 Katherine Hartwig Wyatt,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	53	6	26	

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

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

10. NAME OF FATHER John C. Wyatt,

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

12. MAIDEN NAME OF MOTHER Katie Garrard,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs. C. V. Wyatt
(Address) 2615 Faraon Street.

15. FILED APR 13 1931 John R. Borden
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10, 1931

17. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1931, to April 10, 1931 that I last saw him alive on April 10, 1931, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic peritonitis intra abdominal hemorrhage rupture primary bladder with infection of urine, separation of symphysis pubis from trauma (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) None
21 3 15 1 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 7-1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Garobelgeyer M. D.

April 11, 1931 (Address) 212 Kirkpatrick Bldg. St. Joseph, Mo.

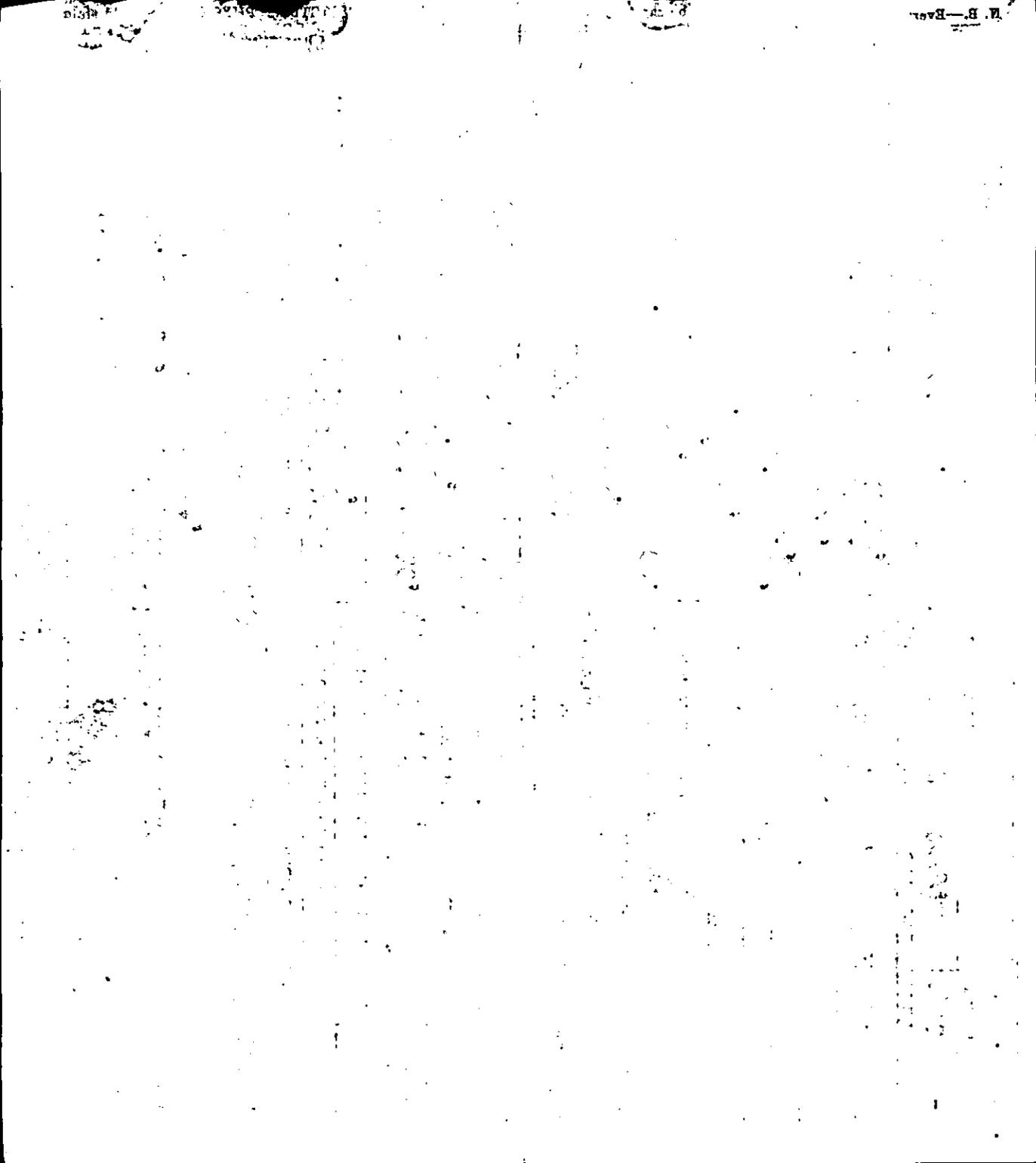
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Mora Cemetery, DATE OF BURIAL April 13-31

20. UNDERTAKER Worster-Bell & Co. 1 Bowman ADDRESS 315 S. 10 St.

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.

2 1 1931



Cavan Garrard Wyatt was superintending the hoisting of a baking oven weighing twenty four hundred pounds and twelve feet high into the bakery of the Kennedy Grocery Company at 115-115 So Sixth St., St. Joseph, Missouri, when the rope supporting and lifting the oven began to slip. Mr. Wyatt was standing in front of this steel oven, trying to support it, when the rope slipped further allowing the oven to fall upon Mr. Wyatt, knocking him down upon a concrete pavement in alley, inflicting the injuries stated in death report.

Jacob Geiger

St Joseph Mo
June 5-31

Register

Please sign both supplementals
and we would like when possible for the
information required be written on supplemental - but with
all this it is almost impossible -

RECORDED
PHYSICIAN
CUBA
ment

of the

S-13226

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County.....
Township.....
City St. Joseph (No.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 392
St. Ward)

2. FULL NAME

Cavan, Garnard Wyatt

(a) Residence. No. St.,
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 WIFE OF

DATE OF BIRTH (MONTH, DAY AND YEAR)

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

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)
(c) Name of employer

Mgr - Trucks
St. Joseph Transfer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 7-3-31 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 19 31

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic peritonitis Abdominal
hemorrhage rupture of
bladder with infiltration of
urine - separation of symphysis
pubes from trauma
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.
, 19 (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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

PHYSICIANS should file to ATTENTION is very important.
EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY OBTAINED.
CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES.
COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1941

(2)
S-13226