

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

✓ Do not use this space.

23810
File No. _____
Registered No. **7340**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **1003**
City **St. Louis Mo** (No. **City 2003**)

2. FULL NAME

Mary Wyatt
(a) Residence, No. **2228 Chestnut St.** Ward. **21**
(Usual place of abode)

Length of residence in city or town where death occurred **3** 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 Female	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF nil.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown		
7. AGE about 47	YEARS -	MONTHS -
	DAYS -	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 244	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drum works	
	10. Date deceased last worked at this occupation (month and year) unknown	
11. Total time (years) spent in this occupation unknown		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
FATHER	13. NAME Frank Wyatt	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
MOTHER	15. MAIDEN NAME Alice Hendrick	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
17. INFORMANT (ADDRESS) A Rhude City #2		
18. BURIAL INFORMATION OR REMOVAL PLACE Wash. Park level 7, 2, 1931		
19. UNDERTAKER (ADDRESS) People's Union Bldg. 3100 Franklin St.		
20. FILED 1931 Ray C. Starke Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-28** 19**31**

2. I HEREBY CERTIFY, That I attended deceased from **5-5** 19**31** to **6-28** 19**31**
I last saw him alive on **6-28** 19**31**. Death is said to have occurred on the date stated above, at **2:50 p.m.**
The principal cause of death and related causes of importance were as follows:

Chronic nephritis
131

Other contributory causes of importance:
131

Name of operation **Chrysal** Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) **Wm. E. Hampton** M. D.
(Address) **City 2003**

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.

