

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

Do not use this space.

1215

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 49th + Base)

File No. \_\_\_\_\_  
 Registered No. 258  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James M. Wyatt  
 (a) Residence, No. 5237 Wayne St. 150 Ward \_\_\_\_\_  
 (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 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) Mrs. Nettie Ellsberry Wyatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
41 5 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Brokerage)

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hitesboro Texas

13. NAME James J. A. Wyatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Fannie A. Gaines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anona Texas

17. INFORMANT (ADDRESS) Mrs. Nettie E. Ellsberry Wyatt 5237 Wayne

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Marsh DATE January 22, 1932

19. UNDERTAKER (ADDRESS) W. H. Newcomb's Sons Kansas City, Missouri

20. FILED Jan 21, 1932 W. M. Corone Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1932

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Suicide, Stab through heart Date of onset \_\_\_\_\_

168 168

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? Yes

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) James M. Wyatt M. D.  
 (Address) Kansas City

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.

