

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

Do not use this space.

13331

1. PLACE OF DEATH

70 County Montgomery Registration District No. 592
5 Township Primary Registration District No. 4350
2 City Montgomery (No. K) St. Ward)

2. FULL NAME Douglas Wyatt

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred Life 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5th 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Montgomery City Missouri

13. NAME R. A. Wyatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Florence Mo

15. MAIDEN NAME Berneice Swearengin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Missouri

17. INFORMANT (ADDRESS) Raymond A. Wyatt Montgomery City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesburg Mo DATE 4/9/32 19.

19. UNDERTAKER (ADDRESS) G. W. Hopkins Montgomery City

20. FILED 5-10 19 32 D. P. Keulter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9/32 19 ..
22. I HEREBY CERTIFY, That I attended deceased from 4/4/32 19 .. to 4/9/32 19 ..
I last saw him alive on 4/8/32 19 .. Death is said to have occurred on the date stated above, at 3:30 AM
The principal cause of death and related causes of importance were as follows:

Gastro-Enteritis Date of onset 4/4/32
1120/19
Other contributory causes of importance: Dentition ①
Name of operation None Date of XXXXX
What test confirmed diagnosis? Clinical Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased? XXXXX
If so, specify XXXXXXXXXXXXXXXXXXXXXXXX
(Signed) Douglas Wyatt M.D.
(Address) New Florence, Missouri.

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.

MAY 26 1932

