

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

Do not use this space.

23566

1. PLACE OF DEATH

74 County Nodaway Registration District No. 622
Township Hughes Primary Registration District No. 3824
City (No. R.F.D.#1, Graham, Mo.) St. Ward

2. FULL NAME Cynthia Elizabeth Wyatt

(a) Residence, No. R.F.D.#1, Graham, Mo. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 17 mos. ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 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) March 23, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	60	3	18	

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

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) July, 1932 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) near Rosendale, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Francis Marion Wyatt

FATHER 14. BIRTHPLACE (CITY OR TOWN) near Savannah, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary May,

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Washington County, (STATE OR COUNTRY) Kentucky,

17. INFORMANT Miss Lillian Lundy, (ADDRESS) R.F.D.#1, Graham, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah, Mo. DATE July 12, 1932

19. UNDERTAKER Fred Terhune, (ADDRESS) Savannah, Mo.

20. FILED 19 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from to 19 .
I last saw him/her on 19 . Death is said

to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset
Extreme myxoedema

Name of operation Date of
What test confirmed diagnosis? none 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? no
If so, specify
(Signed) Chas. D. Humbert, Jr., M. D.
(Address) Coroner, Nodaway Co., Mo.

CAUSE OF DEATH in plain terms, properly classified. Exact statement of cause of death is very important.

AUG 25 1932

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**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 Madison
Township Douglas
City (No. St. Ward)

Registration District No. 622
Primary Registration District No. 5824

File No.
Registered No.

2. FULL NAME

Cynthia Elizabeth Wyatt

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 3 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Near Rosendale (STATE OR COUNTRY) Mo

MOTHER FATHER
13. NAME Francis Marion Wyatt

14. BIRTHPLACE (CITY OR TOWN) Near Shrewsbury (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Mary

16. BIRTHPLACE (CITY OR TOWN) Washington Co (STATE OR COUNTRY) Ky

17. INFORMANT Miss Belle G. Priddy (ADDRESS) Shrewsbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Near Savannah Mo DATE July 12 1932

19. UNDERTAKER Fred Terhune (ADDRESS) Savannah Mo

20. FILED July 12 1932 Mrs. E. L. Morgan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1932

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

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Chronic Nephritis Date of onset

Other contributory causes of importance: Extreme Myxœdema

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

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) Chas. D. Humbert M. D.
(Address) Cor. N. & Co. Barnard Mo

TEMPORARY

MOTHER SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. Exact statement of cause of death may be properly classified.

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