

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.

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

Do not use this space.

25065

1. PLACE OF DEATH

County Scott Registration District No. 877
 Township Richland Primary Registration District No. 6070
 City Wentzville (No. _____) St. _____ Ward _____

File No. 70
 Registered No. _____

2. FULL NAME

Gra Fay 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the year) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 1932</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Child</u>	
	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) <u>Scott MO</u>		
FATHER	13. NAME <u>Clarence Wyatt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott MO</u>	
MOTHER	15. MAIDEN NAME <u>Maggie Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott MO</u>	
17. INFORMANT (ADDRESS) <u>Ray Johnson Wentzville</u>		
18. BURIAL, CREMATION, OR REMOVAL		
	PLACE <u>Carpenter</u>	DATE <u>7/19</u> 19 <u>32</u>
19. UNDERTAKER (ADDRESS) <u>H. Welsh Wentzville MO</u>		
20. FILED <u>8/7</u> 19 <u>32</u> <u>Walter Edwards</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18 1932, to July 18 1932
 I last saw her alive on July 18 1932. Death is said to have occurred on the date stated above, at 10 p. m.
 The principal cause of death and related causes of importance were as follows:
Resuscitation (three attempts) one given
 Other contributory causes of importance: 159 159 10

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) Wm. Hendy, M. D.
 (Address) Wentzville MO

