

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

Do not use this space.

1. PLACE OF DEATH

County Rolla
Township Clark
City Rolla (No. _____)

Registration District No. 728
Primary Registration District No. 5961

File No. 30111-A
Registered No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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) Aug. 30-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 26

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

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) Oakwood Mo.

13. NAME Newton Wyatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

15. MAIDEN NAME Bessie Noel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

17. INFORMANT (ADDRESS) Newton Wyatt
Oakwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hidexburg Cemetery Sept. 27-1932

19. UNDERTAKER (ADDRESS) Ray P. Schubert
Hidexburg Mo.

20. FILED 1st 10 1933 Marion Short Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1932, to Sept. 26, 1932

I last saw him alive on Sept. 25, 1932. Death is said to have occurred on the date stated above, at 7:00 P. m.

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

Encephalitis Date of onset 9/17/32

119B 119

Other contributory causes of importance:

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? No

If so, specify _____

(Signed) H. L. Banks, M. D.

(Address) Hidexburg, Mo.

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