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.

43042

1. PLACE OF DEATH
112 County Webster — Registration District No. 901
Township West Benton — Primary Registration District No. 6209
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 21

2. FULL NAME Noah paul 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: 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): Sept 6/1928

7. AGE: YEARS 4 — MONTHS 33 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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): Seymore mo. 1

FATHER
13. NAME: Headley Wyatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Odin mo.

MOTHER
15. MAIDEN NAME: Henrietta Triplett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 2

17. INFORMANT (ADDRESS): Headley Wyatt Rogersville mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: White oak cem DATE: Dec 8, 1932

19. UNDERTAKER (ADDRESS): Kelley & Sewell. Rogersville mo

20. FILED: Dec 10, 1932 Nellie Atkins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932, to ....., 1932
I last saw him alive on ....., 1932. Death is said to have occurred on the date stated above, at 8 24 A m.
The principal cause of death and related causes of importance were as follows:

Laryngeal Diphtheria — Date of onset
10 10

Other contributory causes of importance: 1

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) W D Sample, M. D.
(Address) Fordland Mo