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.

JAN 3 1934

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

Do not use this space.

35859

1. PLACE OF DEATH

14 County Calloway — Registration District No. 104 — File No.

2 Township — Primary Registration District No. 3008 — Registered No. 223

City Fulton (No. ..... St. ..... Ward)

7 2. FULL NAME Mittie J. Wyatt

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 13, 1863

7. AGE: YEARS 70 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Jerome Maddox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Mary Coates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. E. H. Kerone, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Holiness Cemetery, Reform, Mo. DATE: Nov 27, 1933

19. UNDERTAKER (ADDRESS): Leo G. Wallace, Fulton, Mo.

20. FILED: Nov 27, 1933 R. N. Crews, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933 to Nov 25, 1933

I last saw her alive on Nov 25, 1933. Death is said to have occurred on the date stated above, at 7 p.m.

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

	Date of onset
Apoplexy	?
82A	
112	

Other contributory causes of importance: Asthma ?

Name of operation: None — Date of

What test confirmed diagnosis? Physical exam — 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) R. G. Hall, M. D.

(Address) Fulton Mo