

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

Do not use this space.

13229

1. PLACE OF DEATH Jackson
 County Smith Registration District No. 402.
 Township Smith Primary Registration District No. 535-1B
 City Smithville St. _____ Ward _____

2. FULL NAME Martha Hurrella Wyatt
 (a) Residence, No. Grain Valley 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. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FM. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>0</u>	<u>18</u>	

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

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) Ky

13. NAME John Redder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Tribble

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

17. INFORMANT (ADDRESS) Mrs. Myrtle Bidson Grain Valley Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrington Cove 12-17 1934

19. UNDERTAKER (ADDRESS) W. G. Rowe Blue Springs Mo.

20. FILED May 15 1934 Mrs. G. H. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1933 to April 15 1934
 I last saw her alive on Jan 14 1934 Death is said to have occurred on the date stated above, at 10.00 am.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach and liver Date of onset 1932

Other contributory causes of importance:
Arterio-sclerosis, cardiac & renal degeneration

Name of operation none Date of _____
 What test confirmed diagnosis Physical 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) W. G. Rowe M. D.
 (Address) Blue Springs Mo.

W. G. ROWE

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.

JUN 22 1934

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