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.

SEP 19 1934

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

Do not use this space.

1. PLACE OF DEATH
County: North
Registration District No.: 903
File No.: 19315-a
Township:
Primary Registration District No.: 4548
Registered No.:
City: Grant City (No. ..... St. ..... Ward)

2. FULL NAME: C. H. Wyman

(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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 21-1852

7. AGE: 81 YEARS, 8 MONTHS, 9 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer
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): Fawson Ray Co. Mo

FATHER
13. NAME: Harding Wyman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Angeline Clevenger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Excelsior Mo

17. INFORMANT (ADDRESS): John Andrews

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grant City DATE: June 1, 1934

19. UNDERTAKER (ADDRESS): John Andrews

20. FILED: July 6, 1934 Dr. Fred Miel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934 to May 30, 1934
I last saw him alive on May 29, 1934. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver
46 E
16 E
46

Date of onset

Other contributory causes of importance:
Senility

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) John Andrews, M. D.
(Address) Grant City Mo