

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.

AUG 8 1934

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

Do not use this space.

25888

253

1. PLACE OF DEATH

County Bettis, Hughesville Mo
Township Hughesville
City Hughesville (No. 668)

Registration District No. 4399
Primary Registration District No. 4399

File No. 25888
Registered No. 253
St. 668 Ward 668

2. FULL NAME

(a) Residence, No. 1 Ryanth Edwin Wyatt Ward 668

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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)

June 24-1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 4 day, hrs. min.

27

OCCUPATION

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

Unplant

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)

Hughesville Mo

FATHER

13. NAME

Rolla Wyatt

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

Windsor Mo

MOTHER

15. MAIDEN NAME

Mary Snipes

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

Surf Springs Mo

17. INFORMANT (ADDRESS)

Rolla Wyatt, Hughesville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE High Point DATE July 22 1934

19. UNDERTAKER (ADDRESS)

W. C. Westbrook, Houston Mo

20. FILED

7-21-1934 Joan Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 20 1934

22. I HEREBY CERTIFY That I attended deceased from

July 13 1934 to July 20 1934

I last saw him alive on July 20 1934 Death is said

to have occurred on the date stated above, at 10 P. M.

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

Heart Enlarged

1178

1934

Other contributory causes of importance:

none

Name of operation

none Date of none

What test confirmed diagnosis Cholera 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 none, 1934

Where did injury occur? none (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 none

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify none

(Signed) Chambers, M. D.

(Address) Houston Mo

Emtaster