JAN 7 1935

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

Do not use this space.

42066

1. PLACE OF DEATH
County Buchanan — Registration District No. 35 — File No.
Township — Primary Registration District No. 1001 — Registered No. 14[illegible]
City St. Joseph (No. 1324 So 25 St. Ward)

2. FULL NAME Wyatt R. Urquhart (Urquhart)
(a) Residence, No. 1324 So 25 St., Ward. 42066
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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): married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Opal Urquhart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 12 - 1890
7. AGE: YEARS 44 — MONTHS 6 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill saw mill, bank, etc.: Investors Syndicate
10. Date deceased last worked at this occupation (month and year): Nov 1/34
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knox, Co., Nebraska

FATHER
13. NAME: Wayne Urquhart.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Williams Co., Ohio

MOTHER
15. MAIDEN NAME: Emma Mason
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greeley Iowa.

17. INFORMANT (ADDRESS): Wendell Urquhart St. Joseph Mo.,
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Co. DATE: 12/24 1934
19. UNDERTAKER (ADDRESS): Fleeman Mortuary (Inc) St Joseph, Mo.
20. FILED: 12-24-1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/23, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1937 to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 12 45A m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
[illegible]
Date of onset

Other contributory causes of importance:
[illegible]

Name of operation: [illegible] Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

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) [illegible], M.D.
(Address) [illegible]

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 18 1946

AUG 21 1953