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

Do not use this space.

11436

1. PLACE OF DEATH MAR 21 1935
County St. Louis
Registration District No. 1123
Primary Registration District No. 6248 B
File No.
Registered No. 82
Township
City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Christopher C. Wyatt
(a) Residence, No. Bellflower, Missouri St., Ward. Bellflower, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
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) March 18, 1890

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable
10. Date deceased last worked at this occupation (month and year) Unavailable
11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) Bellflower
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Unavailable
14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

MOTHER
15. MAIDEN NAME Unavailable
16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

17. INFORMANT W. C. Gibson, M.D.
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellflower Mo DATE 3-6 1935

19. UNDERTAKER Rowland Mortuary Service
(ADDRESS) 4255 Washington Blvd.

20. FILED 3-6 1935 L. Mowery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1935, to March 6, 1935
I last saw him alive on March 6, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Unkn.

Other contributory causes of importance:
V.H.D. aortic insufficiency, severe.

Name of operation None Date of
What test confirmed diagnosis? Physical exam., clinical manifestations and laboratory findings. 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?
If so, specify
(Signed) W. C. Gibson, M.D. Chief Med. Officer
(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD