

MAY 2 1935

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

Do not use this space.

13079

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Rau Primary Registration District No. 6002
City Kansas City (No. Murphy Hospital)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Rosie Wyman Ward. Fourth Mo
(Usual place of abode) Proctor Missouri (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1935 to 4-26, 1935
I last saw her alive on 4-26, 1935. Death is said to have occurred on the date stated above, at 1:25 p.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 70 1927
7. AGE YEARS 11 MONTHS 9 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

Broncho Pneumonia Date of onset 4-22-35

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child
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) 4-20-34 11. Total time (years) spent in this occupation _____

Chr. Osteomyelitis; Left Ilium 4-10-34

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

Other contributory causes of importance: Childhood Tuberculosis ?

FATHER 13. NAME Henry Wyman

Name of operation Swiss & Argentin
of abs of gland Date of 4-22-34
What test confirmed diagnosis? _____ Was there an autopsy? no

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

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. _____

MOTHER 15. MAIDEN NAME Mary J. Harland

Manner of injury _____
Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

17. INFORMANT (ADDRESS) Mary Wyman Mather
Proctor Missouri

(Signed) Harry M. Kelly M. D.
(Address) 1316 Professional

18. BURIAL, CREMATION, OR REMOVAL Proctor Missouri DATE Apr 26 1935

19. UNDERTAKER (ADDRESS) Daniels Bros
644 Kansas Ave K C Mo

20. FILED 4-26 35 M. M. Crowl, reg
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information submitted by cemetery supplied. No showing of cause of death.

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Francisco

MAY 29 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *Mercy Hospital*)

File No.....

Registered No. *1781*

St.....

Ward)

2. FULL NAME *Rohie Wyzman*

(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 *Wh*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)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE.....

DATE.....

19

19. UNDERTAKER
(ADDRESS)20. FILED *4/26*19 *35**M. M. Cron**Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-26-1935*

22. I HEREBY CERTIFY, That I attended deceased from

....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Broncho pneumonia Date of onset

Other contributory causes of importance

*Childhood tuberculosis**(pulmonary)*

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) *H. M. Wilkey*

, M. D.

(Address) *1316 Prof. Bldg*

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

23

S-13079