

OCT 25 1935

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

Do not use this space.

30127

1. PLACE OF DEATH

County Miller
Township Saline
City Edon (No.)

Registration District No. 561
Primary Registration District No. 4330

File No.
Registered No. 77
St. Ward)

2. FULL NAME George Deiland Wyrick

(a) Residence, No.
(Usual place of abode)

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 7 0

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day

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) Missouri

13. NAME William Wyrick

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

15. MAIDEN NAME Letha Rauters

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

17. INFORMANT (ADDRESS) Mattie Wyrick Edon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Saline DATE Sep. 17, 1935

19. UNDERTAKER (ADDRESS) Phillips Funeral Home Edon, Mo.

20. FILED 9-17 1935 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw h. alive on, 19.... Death is said to have occurred on the date stated above, at 3:00 p.m.

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

fractured skull
Hit by Automobile
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Sept 14, 1935
Where did injury occur? U.S. Highway 54 - Edon, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highway
Manner of injury Hit by Car
Nature of injury Crushed skull - accidental

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

(Signed) John R. Cochran M.D.
(Address) Edon Mo.

Canonville Co 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.

OCCUPATION
FATHER
MOTHER

AUG 16 1955