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

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.

MAY 27 1936

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

Do not use this space.

16805

1. PLACE OF DEATH
County St Louis
Township Central
City Clayton (No. St Louis County Hospital Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 134

2. FULL NAME Beulah Wyatt
(a) Residence, No. Carson Rd & Hunt Lane St. Ward. Carsonville Mo
(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 Female
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 Charles Wyatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1914

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21	5	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Dixon Mo

FATHER
13. NAME George W Shackelford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Mo

MOTHER
15. MAIDEN NAME Lillie Peck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Mo

17. INFORMANT (ADDRESS) Wm Shackelford 1238 Blackstone ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dixon Mo DATE 4-11 1936

19. UNDERTAKER (ADDRESS) Albert H Hoppe Inc 429 N Euclid ave

20. FILED 4/10 1936 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/3 1936, to 4/8 1936
I last saw her alive on 4/8 1936 Death is said to have occurred on the date stated above, at 12:40 a m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Type I

Date of onset

Other contributory causes of importance:

Pregnancy and Deliver

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) [signature], M. D.
(Address) St Louis Co Hosp

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