

MAY 27 1936

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

Do not use this space.

1. PLACE OF DEATH

 County St. Louis
 Township Carondelet
 City (No. Mt. St. Rose) Hospital
Registration District No. 1123Primary Registration District No. 6248 EFile No. 18054Registered No. 170

2. FULL NAME

LIDA BELL WYATT(a) Residence, No. Herrin Ill. St. Herrin Ill. 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.

5

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Meredith Wyatt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-3-1911</u>		
7. AGE	YEARS	MONTHS
	<u>25</u>	<u>3</u>
		<u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Alabama</u>		
13. NAME <u>Charles Lucas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>		
15. MAIDEN NAME <u>Sarah Cor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>		
17. INFORMANT <u>Meredith Wyatt</u>		
(ADDRESS) <u>Herrin Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marion Ill</u>		
DATE <u>April 30</u> , 19 <u>36</u>		
19. UNDERTAKER <u>Albert Storme</u>		
(ADDRESS) <u>Herrin Ill</u>		
20. FILED <u>Apr. 30</u> , 19 <u>36</u> <u>L. Mowrey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>4-27</u> , 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr. 22</u> , 19 <u>36</u> , to <u>Apr. 27</u> , 19 <u>36</u> I last saw her alive on <u>4-27</u> , 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>4 P</u> m. The principal cause of death and related causes of importance were as follows: <u>Tuberculosis - pneumonia</u> <u>myocarditis (chronic)</u> Other contributory causes of importance: <u>None</u>
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) <u>Chas. Beheers</u> , M. D. (Address) <u>7201 So Broadway</u>

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.

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^{Sister-in-law}
Mrs. Lamb call Mrs. Nickell
~~Mrs. Joeger~~