

DEC 20 1936

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

Do not use this space.

## 1. PLACE OF DEATH

 County Henry  
 Township Deerpater  
 City Deerpater (No. ....)

 Registration District No. 351  
 Primary Registration District No. 4208

 File No. 41059  
 Registered No. 14  
 St. .... Ward.

## 2. FULL NAME

 (a) Residence, No. Deerpater Mo. St. .... Ward.

 Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Henry Wyatt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-12-1846</u>		
7. AGE	YEARS	MONTHS
	<u>89</u>	<u>11</u>
		DAYS
		<u>0</u>
	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	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. <u>Life</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gen</u>	
	13. NAME <u>Chas Deaney</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
MOTHER	15. MAIDEN NAME <u>Robetha</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>John Albert Wyatt Deerpater Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harmon's Cemetery</u> DATE <u>Nov 14</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Wm C. Williams Clinton Mo</u>		
20. FILED <u>11-12</u> 19 <u>36</u> <u>J. J. ...</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 12</u> 19 <u>36</u>
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 <u>4:30 p.m.</u>
The principal cause of death and related causes of importance were as follows: <u>Paralysis</u> <u>apoplexy</u>
Date of onset
Other contributory causes of importance:
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>J. J. ...</u> M. D.
(Address) <u>...</u>

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.

