

NOV 16 1937

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

Do not use this space.

37483

1. PLACE OF DEATH

County Cole
Township Jefferson
City Jefferson (No. St. Marys Hosp.)

Registration District No. 213
Primary Registration District No. 3014

File No. _____
Registered No. 275
St. _____ Ward _____

2. FULL NAME Robert Monroe Wyrick

(a) Residence, No. Lohman, Mo. 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 Male 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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18th, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Miller Co. Missouri.

MOTHER FATHER 13. NAME William Wyrick

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

15. MAIDEN NAME Edith Rowden

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

17. INFORMANT Mrs. R.N. Wyrick
(ADDRESS) Lohman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Russellville Catholic Oct. 26, 1937

19. UNDERTAKER G.N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED 10/25/37 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24/1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1937, to Oct 24, 1937

I last saw h. living alive on Oct 24, 1937 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:

Date of onset

Uremia

Other contributory causes of importance:

Hypertrophied prostate

Name of operation Prostatectomy Date of 10/22/37

What test confirmed diagnosis? Quincke's Was there an autopsy? no

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) Sumner J. Bond M. D.
(Address) Jeff. City, Mo.

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

37483
Do not use this space.

1. PLACE OF DEATH

(a) County Coli Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. _____
(c) City Jefferson (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Monroe Wyck

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

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

7. AGE YEARS 71 MONTHS 7 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 10/25 1937 A. B. Bedgood M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

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:

_____ 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) S. Bedford M. D.

(Address) Jeff City Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THE FEE IS PRESCRIBED BY LAW.

SUPPLEMENTARY

