

REC'D MAR 17 1938

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

Do not use this space.

6913

1. PLACE OF DEATH
 46 County Leward Registration District No. 380
 Township Franklin Primary Registration District No. 4224
 City Franklin, Mo. St. _____ Ward _____

2. FULL NAME Lurette A. Wyatt 300
 (a) Residence, No. Franklin, 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 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 Wm. Wyatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2/1867

7. AGE YEARS 70 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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) Jan 1937 11. Total time (years) spent in this occupation _____

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 13. NAME R. A. Gilbert
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 15. MAIDEN NAME Martha Eugene
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

FATHER
 17. INFORMANT (ADDRESS) J. L. Wyatt 831 W. Fifth Springfield
 18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville, Mo. DATE 2/17/38
 19. UNDERTAKER (ADDRESS) C. J. Alumbaugh New Franklin, Mo.
 20. FILED 2-21-1938 J. S. Best Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1937, to Feb 15, 1938
 I last saw her alive on Feb 15, 1938 Death is said to have occurred on the date stated above, at 5:30 pm.
 The principal cause of death and related causes of importance were as follows:
apoplexy Feb 1 - 1938
cerebral haemorrhage
hypertension ch. unknown
myocarditis ch. "

Other contributory causes of importance:
hypertension ch. unknown
myocarditis ch. "

Name of operation none Date of _____
 What test confirmed diagnosis? none 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? no
 If so, specify _____
 (Signed) J. H. Chamberlaine, M. D.
 (Address) New Franklin, Mo.

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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.

