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.

REC'D SEP 16 1938

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

Do not use this space.

29494

1. PLACE OF DEATH
County Miller
Township Osage
City Ulman (No. ..... St. ..... Ward)
Registration District No. 6
Primary Registration District No. 5760
File No. .....
Registered No. .....

2. FULL NAME Thelma Sue Wyrick

(a) Residence, No. ..... 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-2-38

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

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

FATHER
13. NAME Churchill Wyrick ()
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ulman Mo ()

MOTHER
15. MAIDEN NAME Mildred Bertha Beard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuscumbia, Mo

17. INFORMANT (ADDRESS) Churchill Wyrick

18. BURIAL, CREMATION, OR REMOVAL
PLACE Home DATE Aug 3 1938

19. UNDERTAKER (ADDRESS) .....

20. FILED Aug 3, 1938 John G. Schweiterman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, 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:

Born before the period of Viability
4½ months intrauterine

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) M. E. Humphreys M. D.
(Address) Tuscumbia, Mo.