

REC'D DEC 16 1938

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

38529
Do not use this space.

1. PLACE OF DEATH
(a) County Pates (b) Township Butler (c) City Butler (d) Street No. 1
(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 George Pratt Wyatt
(a) Residence, No. Time Street St. D (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Registration District No. 50
Primary Registration District No. 3004
Registered No. 80

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 Mattie Wyatt.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
	<u>69</u>	<u>5</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. merchant

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) Athens Co Ohio

FATHER 13. NAME Hiram C Wyatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens Co Ohio

MOTHER 15. MAIDEN NAME Mary F Pratt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens Co Ohio

17. INFORMANT Mrs Mattie Wyatt (ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wak Hall DATE Nov 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Butlers Butler Mo

20. FILED Nov 21, 1938 Mina L Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1938

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.....m.

The principal cause of death and related causes of importance were as follows:
Gunshot Wound of Head - self inflicted (bullet entered behind right ear)

Date of onset

Other contributory causes of importance: 167

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury..... 19.....
Where did injury occur? Butler Pates Co. Mo - At Home. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home - Butler Mo
Manner of injury Gunshot Wound of Head
Nature of injury High - self inflicted

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Edmund Smith, M.D. M. D.
53 (Address) Coroner, Pates Co. Mo.
Rich Hill, Mo.

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.

5016-1-12-38 I X14028

AUG

8 1941

RECEIVED

District Health Officer No. 7,

District File Number 7-38-534

Date Filed 12-9-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by Deaton Rice

Registered Apprentice No. 163, working under my personal supervision.

Signed C. E. Conlan

Licensed Embalmer No. 2576

P. O. Address Butte, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.