

REC'D FEB 23 1939

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

2646

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township \_\_\_\_\_ Primary Registration District No. 3020 Registered No. 19  
(c) City Carthage (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

(a) Residence, No. 1013 Clinton 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. Edward H. Wyatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1847

7. AGE YEARS 91 MONTHS 6 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
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) Barbours County Kentucky13. NAME Thomas P. Bryson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky15. MAIDEN NAME Eveline Harris16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky17. INFORMANT (ADDRESS) Mrs. E. H. Smith 1013 Clinton - Carthage18. BURIAL, CREMATION, OR REMOVAL PLACE Bark Cemetery DATE Feb. 1, 193919. FUNERAL DIRECTOR (ADDRESS) Knud Mortuary Carthage, Mo.20. FILED Jan. 31, 1939 E. H. Intine, M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 19 39

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938, to Jan. 30, 1939. I last saw her alive on Jan. 30, 1939. Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Senility

Date of onset

Other contributory causes of importance: None

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? No

If so, specify \_\_\_\_\_

(Signed) George H. Ward, M. D.(Address) Carthage Mo.

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.

49  
25  
22

RECEIVED

District Health Officer No. 6,

District File Number 6-39-390

Date Filed FEB 17 1939

STATEMENT BY LICENSED EMBALMER

I, Emm R. Snell

, Licensed Embalmer No. 391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No. .... or by .....

working under my personal supervision.

Registered Apprentice No. ....

Signed Emm R. Snell

Licensed Embalmer No. 391

**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.)**