

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

29277  
Do not use this space.

REC'D SEP 8 1939

1. PLACE OF DEATH 2

(a) County Leward Registration District No. 278

(b) Township Mountain Primary Registration District No. 5-5-27

(c) City..... (d) Street No..... St.

(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 Lucenia Price Wyatt

(a) Residence, No. Rockport R. R. 11 St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX mae 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 Mrs. Lucy Ray Wyatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>77</u>	<u>7</u>	<u>17</u>	

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

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

10. Date deceased last worked at this occupation (month and year) July 1939 11. Total time (years) spent in this occupation 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leward Co. Mo.

FATHER

13. NAME John Wyatt 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Id. 1

MOTHER

15. MAIDEN NAME Matha Ann Lipton

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

17. INFORMANT Mrs. Lucy Ray Wyatt

(ADDRESS) Rockport Mo R. R. 11

18. BURIAL, CREMATION, OR REMOVAL

PLACE Big Springs DATE 7-31-39

19. FUNERAL DIRECTOR (NAME) C. S. Munson

(ADDRESS) New Franklin, Mo.

20. FILED Sep. 5 1939 V. O. Bonham

Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 of 39, 19

22. I HEREBY CERTIFY That I attended deceased from 7-23-1939 to 7-29-1939

I last saw him alive on 7-29-39 (9 PM), 1939. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Lobar pneumonia

Senility

Chronic thyrocarditis

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical 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? No

If so, specify..... (Signed) W. Bloom, M. D.

277 (Address) Fayette, 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.

WHILE LIVING, WITH ONFADING INK—THIS IS A PERMANENT RECORD

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STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9/16/39

**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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**