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.

FILED JUN 9 1944

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

Do not use this space. 18803

1. PLACE OF DEATH
78 County Pemiscot — Registration District No. 267 — File No. 78
0 Township Hayti — Primary Registration District No. 3049 — Registered No. 025
0 City Hayti, Mo (No. 1, St. 9 Ward)

2. FULL NAME Wylie Artis, (Colored)

(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 M. 2 — 4. COLOR OR RACE Col. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 –

7. AGE YEARS 71 — 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. None
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) Don't Know 9

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 9

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 9

17. INFORMANT (ADDRESS) Charlie Artis Hayti, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hayti, Mo DATE 5-7 1944

19. UNDERTAKER (ADDRESS) German Undt Co Steele, Mo

20. FILED 5-14 1944 J A Johnson Dept Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2, 1944

22. I HEREBY CERTIFY, That I attended deceased from ....., 1944, to ....., 1944
I last saw he ..... 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:

Paralysis, 82:1
bed fast,

Date of onset

Other contributory causes of importance:
no medical attention

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) Jules V. Moore, M. D. Coroner
(Address) Hayti, Mo 5/3/44

5-44-112

JUN 9 1944