JAN 20 1929

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

Do not use this space.

41063

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No.

Township E. Jackson — Primary Registration District No. 5563A — Registered No.

City Carthage (No. 1/2 mile South of Carthage St. Ward)

2. FULL NAME James Huston Wyatt

(a) Residence. No. Reeds R 3 - Mo 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. 3 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29-1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	—	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER William Wyatt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER — Afrey —

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT [illegible]
(Address) Carthage, Mo

15. FILED 12/24 1929 E. H. Ketcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1929, to Dec 22, 1929 that I last saw him alive on Dec. 22, 1929, and that death occurred, on the date stated above, at 6:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Myocarditis following influenza (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. N. Webster, M. D.

Dec 27, 1929 (Address) Carthage, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Dudman Court	Dec 25 1929

20. UNDERTAKER	ADDRESS
Sarcoxie Und Co	Sarcoxie 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.