

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City St. Joseph (No. Missouri Methodist Hosp.) St. _____ Ward)

File No. 11746
Registered No. 421

2. FULL NAME

Douglas N. Wyatt
(a) Residence, No. 306 Hamburg Ave. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eliza Wyatt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6, 1859</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>6</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck Driver.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Standard Oil Co. Retired 5 Yrs.</u>
	10. Date deceased last worked at this occupation (month and year) <u>1927</u>
11. Total time (years) spent in this occupation <u>25 yrs</u>	

12. BIRTHPLACE (CITY OR TOWN) Wayne Co., Iowa.
(STATE OR COUNTRY)

13. NAME Thoas Wyatt

14. BIRTHPLACE (CITY OR TOWN) Unknown Iowa.
(STATE OR COUNTRY)

15. MAIDEN NAME Elenor Shriver

16. BIRTHPLACE (CITY OR TOWN) Unknown Ohio.
(STATE OR COUNTRY)

17. INFORMANT Hollie Wyatt
(ADDRESS) 2004 No. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Apr. 30, 1932

19. UNDERTAKER Walter Meinhoffer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED Apr. 30, 1932 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 28, 1932 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Apr 28, 1932
I last saw h. im. alive on Apr 28, 1932 Death is said to have occurred on the date stated above, at 4.40 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
1927
Other contributory causes of importance:
(1)

Name of operation Prostatectomy Date of Apr 27
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? _____ 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.

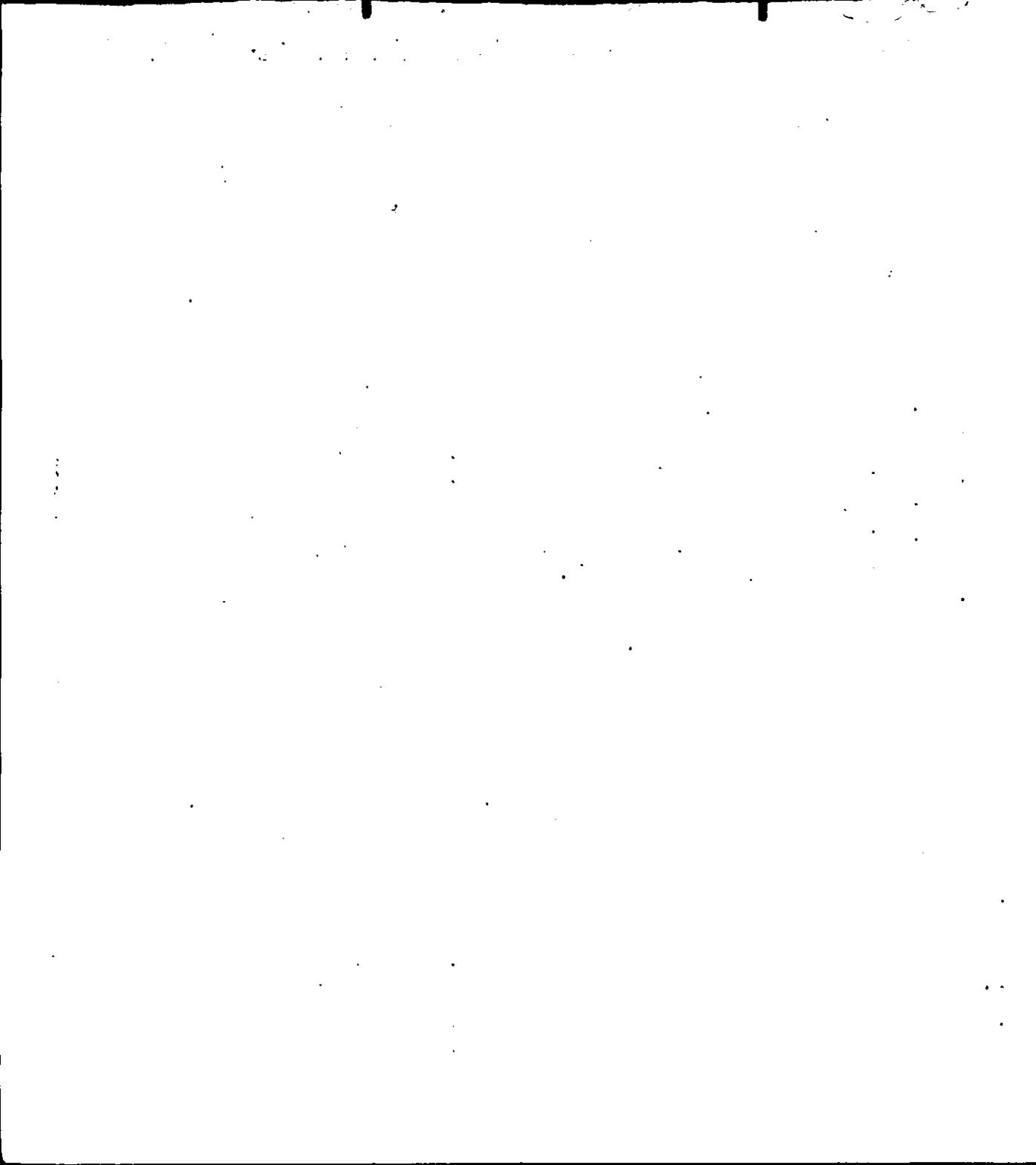
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. J. Bausbach, M. D.
(Address) 625 1/2 Frederick Ave. St. Joseph, 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.

MAY 28 1932



It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate. 427

Name: Douglas G. Nyatt
Who died at St Joseph, Mo. (City) Mo. (County) on April 28, 1932 (Date)

Residence: No. _____ St. _____ (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 8 Year 1931

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Cerebral Hemorrhage
example obstructing hypertrophied prostate

Other contributory causes of importance _____

Name of operation Prostatectomy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

S-11746