

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

Do not use this space.

15814

1. PLACE OF DEATH
 38 County Benton Registration District No. 309
 Township Huggins Primary Registration District No. 5425
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 23

2. FULL NAME James Albert Wyatt
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX male
 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 Hazel Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23-1900
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
31 5 23
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 p.m.
 The principal cause of death and related causes of importance were as follows:
Self inflicted gun shot wound.
not known whether or not it was suicide.
 Other contributory causes of importance:
195 or accident

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Mo.
 13. NAME George W. Wyatt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Mo.
 15. MAIDEN NAME Stella Hines
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.?
 17. INFORMANT Chas. Canaday (ADDRESS) Albany Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE May 18, 1932
 19. UNDERTAKER A. J. Base (ADDRESS) Albany Mo.
 20. FILED May 17, 1932 W. T. Martin Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Examined Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury May 16, 1932
 Where did injury occur? Huggins Twp. Benton Co. Mo.
 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) S. O. Harding (Coroner)
 (Address) Albany Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 22 1932

10