

REC'D JUN 8 1938

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

19045
Do not use this space.

1. PLACE OF DEATH

(a) County NEWTON
(b) Township W. BENTON
(c) City.....

Registration District No. 609
Primary Registration District No. 5809

Registered No. 59

(d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) 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 MARION WYATT

(a) Residence, No. BENTONVILLE, ARKANSAS St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 9 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. LABORER
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) Bentonville Arkansas13. NAME W. A. Wyatt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Maggie Fine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) W. A. Wyatt
Bentonville, Ark.18. BURIAL, CREMATION, OR REMOVAL PLACE BENTONVILLE, ARK DATE MAY 22, 193819. FUNERAL DIRECTOR (ADDRESS) THE BIGHAM MORTUARY
NEOSHO, MISSOURI20. FILED 5-22, 19 38 Onalaska
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22, 1938

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 about 12:30 A.M.

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

Fractured Skull
Crushed Chest. 2 1/2 in.
Passenger in car

Other contributory causes of importance:
Car went into ditch - Did not collide with another car

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: ACCIDENT Date of injury 5/22/38Where did injury occur? 8 MI. SOUTH OF NEOSHO
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. ON HIGHWAY #71Manner of injury AUTO ACCIDENT

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Carly Thompson Corover M. D.
Neosho Mo.(Address) 511?

