

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

Do not use this space.

13541

1. PLACE OF DEATH

24 County Clay
2 Township F. Lewis
4 City Lay Springs (No.)

Registration District No. 195
Primary Registration District No. 3011

File No.
Registered No. H 1
St. Mo Ward

2. FULL NAME

(a) Residence, No. Fish St., Ward.

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Adelia Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1843

7. AGE YEARS 87 MONTHS 5 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs Thomas Paris 2207 E. 1st Ave. Excelsior Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salon DATE April 7 1931

19. UNDERTAKER (ADDRESS) Hubert Pope Excelsior Mo

20. FILED 4-10-31 1931 Y.D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1931

22. I HEREBY CERTIFY that I attended deceased from about March 20 1931 to April 6 1931
I last saw him alive on April 5 1931 Death is said to have occurred on the date stated above, at 2:00 m.
The principal cause of death and related causes of importance were as follows:

Uremic poisoning
137
137
137

Other contributory causes of importance: Chronic encephalomalacia
glaucoma

Name of operation none Date of 9-10-31
What test confirmed diagnosis clinical Was there an autopsy? Y 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) Y.D. Craven, M. D.
(Address) Excelsior 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. MAY 2 1 1931

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

