

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

Do not use this space.

25563

1. PLACE OF DEATH

County Franklin
Township
City Marcelline (No. _____)

Registration District No. 502
Primary Registration District No. 4305

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Nov 19 1927

7. AGE YEARS <u>3</u>	MONTHS <u>7</u>	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
-----------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Marcelline (STATE OR COUNTRY) Mo

13. NAME Frank M Wright

14. BIRTHPLACE (CITY OR TOWN) Westville (STATE OR COUNTRY) Mo

15. MAIDEN NAME Della Isle

16. BIRTHPLACE (CITY OR TOWN) Chariton Co (STATE OR COUNTRY) Mo

17. INFORMANT F M Wright (ADDRESS) Marcelline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr Olivet DATE July 8 1931

19. UNDERTAKER Jas M Taylor (ADDRESS) Marcelline Mo

20. FILED 78 19 31 Ola Futner Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to July 5, 1931. I last saw him alive on July 5, 1931. Death is said to have occurred on the date stated above, at _____ m.

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

Myocardial degeneration
92A 92A
56E 92A
Other contributory causes of importance: Acute rheumatism

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) [Signature], M. D.
(Address) Marcelline 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.

MAILED 22 1931

