

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

Do not use this space.

**1. PLACE OF DEATH**

County Frank  
Township  
City Marceline Mo.

Registration District No. 502  
Primary Registration District No. 4305

File No. 31776  
Registered No. 42  
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**

<b>3. SEX</b> <u>Female</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>married</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Isaac Solomon</u>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Mar. 2 1881</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>50</u>	<b>MONTHS</b> <u>6</u>	<b>DAYS</b> <u>13</u>	<b>IF LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>at Home</u>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>			
<b>11. Total time (years) spent in this occupation</b>				
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Chariton Co Mo</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>Wm D Wright</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Mo</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Amanda Oldham</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Iowa</u>			
<b>17. INFORMANT</b> <u>Mrs M. E. McCauslin</u> (ADDRESS) <u>Marceline Mo</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b>				
PLACE <u>pelee Chapel</u> DATE <u>Sept 17 1931</u>				
<b>19. UNDERTAKER</b> <u>Jas McCauslin</u> (ADDRESS) <u>Marceline Mo</u>				
<b>20. FILED</b> <u>9/21 1931</u> <u>W. H. Putman</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept 15 1931

**22. I HEREBY CERTIFY**, that I attended deceased from Sept 15 1931 to Sept 15 1931.  
I last saw him alive on Sept 15 1931. Death is said to have occurred on the date stated above, at 1 P. m.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
94A 94A

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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 R. M. E. Orr  
(Signed) \_\_\_\_\_ M. D.  
(Address) Marceline 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.

OCT 28 1931

Cater

