

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

Do not use this space.

37270

1. PLACE OF DEATH

County De Kalb
Township Clinton
City Marionville (No. 4158)

Registration District No. 259
Primary Registration District No. 4158

File No. _____
Registered No. _____
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 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 Mary Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 - 1857

7. AGE YEARS 80 MONTHS 2 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Clide Ohio

13. NAME Lybustus Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Lucenia Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Lemon Truett
Unity Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unity DATE 09/10/31

19. UNDERTAKER (ADDRESS) U.C. Pilcher
Marionville Mo

20. FILED not 31 1931 2 Phe Yes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 - 1931, to Nov 12 - 1931

I last saw him alive on Nov 6 - 1931. Death is said to have occurred on Nov 11 - 9, m. Nov 12 - 1931

The principal cause of death and related causes of importance were as follows: When I saw Mr. Wright, he was suffering with Cortis Regu.

station.
Other contributory causes of importance:
Paroxysmal Dyspnea
Infirmitas of old age.

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 _____

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) W.S. Brown, D.O. M.D.

(Address) Stewartville, 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. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

NOV 10 1931

