

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

Do not use this space.

✓ 27576  
File No. \_\_\_\_\_  
Registered No. **7391**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. 4320, West Bell)

**2. FULL NAME**

Austin Wright  
(a) Residence, No. 4320 West Bell St. 11 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20<sup>th</sup> 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 7 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
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) Logansville Geo. 2

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 31

15. MAIDEN NAME Nancy Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va 2

17. INFORMANT Ella Jane Howell (ADDRESS) 4220 West Bell

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Aug. 13<sup>th</sup> 1932

19. UNDERTAKER Manuel Undertaking Co. (ADDRESS) 1205 1/2 Franklin

20. FILED Aug 11 1932 19 May C. Ward Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1932, to Aug 10<sup>th</sup> 1932. I last saw her alive on Aug 10<sup>th</sup> 1932. Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Cerebral Apoplexy Date of onset Aug 10  
8:20 a.m.  
97 8:20 a.m.  
Other contributory causes of importance: Arteriosclerosis 1 mul

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W. A. ... M. D.  
(Address) 5011 ...

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.

