

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.

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

Do not use this space.

1. PLACE OF DEATH
87 County Ralls Registration District No. 9
Township Saline Primary Registration District No. 5
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Mary Ann Wright
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 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) May 21-1871

7. AGE YEARS 61 MONTHS 8 DAYS 26 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) Ralls Co. (STATE OR COUNTRY) Missouri

13. NAME William Demand Wright

14. BIRTHPLACE (CITY OR TOWN) Maryland (STATE OR COUNTRY) _____

15. MAIDEN NAME Elizabeth Wright

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

17. INFORMANT E. D. Wright (ADDRESS) Huntington Mo.

18. BURIAL, CREMATION, OR REMOVAL Funeral Home PL. Funeral Home DATE 2-18-33

19. UNDERTAKER Wilson & Son (ADDRESS) Marion City Mo

20. FILED Feb 18 1933 J. E. Floyd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1933

22. I HEREBY CERTIFY That attended deceased from Feb 11 1933 to Feb 16 1933

I last saw her alive on Feb 16 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia
Following an
acute angina

Other contributory causes of importance:
Malnutrition
Heart disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) M. D. P. P. M. D.
(Address) Marion City, Mo.

