

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

Do not use this space.

1. PLACE OF DEATH

55 County Lawrence Registration District No. 1050
Township W. Pleasant Primary Registration District No. 5635
City Weston (No. RFD # 2) St. _____ Ward _____

File No. 3 **23636**

Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. RFD # 2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Anna Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
68 1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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

10. Date deceased last worked at this occupation (month and year) July 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State Co. Mo.

13. NAME Louis Wright

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

15. MAIDEN NAME Jane Stevenson

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

17. INFORMANT Anna Wright

18. BURIAL, CREMATION, OR REMOVAL PLACE Assaultworth MO Passville Mo DATE 7-10 1933

19. UNDERTAKER Tracy Platt

(ADDRESS) Paris city MO

20. FILED July 10 1933 J. Goodman Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1933

2. I HEREBY CERTIFY That I attended deceased from Viewed 1933 at San Antonio

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6:15 P m.

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

Chronic Myocarditis
Date of onset
Other contributory causes of importance: 93

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) J. J. P. Curran M.D.

(Address) Surver, 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.

AUG 2 1933

