

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

Do not use this space.

Carv

23715

1. PLACE OF DEATH
61 County *Macon*
7 Township
4 City *Macon* (No.)

Registration District No. *573*
Primary Registration District No. *3027*

File No.
Registered No. *62* St. Ward)

2. FULL NAME *Willie Wright*
(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 17 1850*
7. AGE YEARS *83* MONTHS *3* DAYS *10* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Housekeeper*
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) *Monrovia Ga*

13. NAME *James Haisler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

15. MAIDEN NAME *Ester Clements*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT *Henry Wright*
(ADDRESS) *Macon*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cokewood* DATE *7/29/33*

19. UNDERTAKER (ADDRESS) *Albert Skirvin*
Macon Mo

20. FILED *7/31* 19*33* *Mrs. Mabel Munkle*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/27* 19*33*
22. I HEREBY CERTIFY, That I attended deceased from *July 21* 19*33*, to *July 26* 19*33*
I last saw h. or alive on *July 26* 19*33*. Death is said to have occurred on the date stated above, at *6:45* m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
91
Other contributory causes of importance: *D.K.*

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 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? *Known*
If so, specify (Signed) *W. A. Davis* M. D.
(Address) *Macon Mo.*

WRITE PLAIN, 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.

