

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.

32045

1. PLACE OF DEATH

County Wright
Township Gasconade
City Wright (No. 114)

Registration District No. 904
Primary Registration District No. 6221

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1918
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 2 9

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. _____
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) Manfield Mo.

13. NAME John Adamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Mo.

15. MAIDEN NAME Betha Worland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Mo.

17. INFORMANT (ADDRESS) J. Adamson

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Mo. DATE Sept 25, 1933

19. UNDERTAKER (ADDRESS) W. A. Cliffe

20. Oct 2 1933 Carlyne White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933 to Sept 26, 1933
I last saw him alive on Sept 25, 1933 Death is said

to have occurred on the date stated above, at 7 P. M.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of Lung
10 P. M.
1140
23
Other contributory causes of importance:
Pneumonia 6 months
previous

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? no
If so, specify _____

(Signed) W. A. Cliffe M. D.
(Address) Manfield Mo.

