

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

Do not use this space.

37182

**1. PLACE OF DEATH**

County macon Registration District No. 528 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4314 Registered No. \_\_\_\_\_  
 City Callao (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 8 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6, 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>85</u>	<u>9</u>	<u>11</u>		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Gardener  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) macon Mo  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Clara Wright

11. BIRTHPLACE OF FATHER (CITY OR TOWN) macon, Mo.  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Anna White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) macon, Mo.  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Rena Wright  
 (Address) Callao Mo.

15. FILE NO. 1933 Wright REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1933

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
158 Inquest  
Heart trouble of same kind  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90%  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. N. Gorch M. D.  
Nov. 17, 1933 (Address) Callao Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Can

19. PLACE OF BURIAL, CREMATION, OR REMOVAL burial DATE OF BURIAL Nov 18 1933

20. UNDERTAKER Perry & Co. ADDRESS Callao

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

1870

1870

1870

1870

1870