

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.



1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15-572-B

1. PLACE OF DEATH

County Wright

Registration District 1

Township Liberty

Primary Registration District 3

City Wright

(No. 1)

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

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)

Mary E. Absher

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

Feb 9, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

76

2

1

OCCUPATION

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)

Wright Co

13. NAME

Anderson Absher

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

Idaho

15. MAIDEN NAME

Elizabeth Smith

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

Unknown

17. INFORMANT (ADDRESS)

Mary E. Absher
Montgomery, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

1935

Thomas

4/11

19. UNDERTAKER (ADDRESS)

Ella J. Boulevard
Norman, Mo.

20. FILED

5-31

1935

Bernice Montgomery

Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 10, 1934

22. I HEREBY CERTIFY, That, I attended deceased from

April 2, 1934, to April 10, 1934

I last saw him alive on April 10, 1934 Death is said

to have occurred on the date stated above, at 5 A. m.

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

Bright Disease and
Heart trouble 1934

Other contributory causes of importance

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?

If so, specify

(Signed)

L. T. Van Roy

M. D.

Norman, Mo.

