

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

Do not use this space.

19220

1. PLACE OF DEATH

County Stoddard
Township Deas Creek
City Puxico Mo. (No. _____)

Registration District No. 840
Primary Registration District No. 6102

File No. _____
Registered No. 35 St. _____ Ward)

2. FULL NAME

Francis Marion Wright

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-25, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 7 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Cape Girardeau County Mo

FATHER 13. NAME Dout. Know

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

MOTHER 15. MAIDEN NAME Dout. Know

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

17. INFORMANT Mrs Jessie Siler
(ADDRESS) Puxico Mo R#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Home Cemetery DATE May 30, 1934

19. UNDERTAKER Hickman-White-Ston Co
(ADDRESS) Puxico Mo

20. FILED 5/30, 1934 E. L. Hope
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1934

I HEREBY CERTIFY, That I attended deceased from May 25, 1934 to May 29, 1934
I last saw h. alive on May 29, 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset _____
97 82
Other contributory causes of importance: Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) Edward Ford M. D.
(Address) Bloomfield, 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.

JUN 27 1934

WHILE FADING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

