

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

Do not use this space.

1. PLACE OF DEATH

County Wray Co.
Township Peasport Valley
City Manassett No. _____

Registration District No. 907
Primary Registration District No. 45-48

File No. 22992
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Hiram J. Night

(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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Night</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 - 1856</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>5</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stump shovel</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fireman</u>
	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. Missouri

13. NAME
James Night

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Wright Co. Missouri

15. MAIDEN NAME
Clara Ripper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Wright Co. Missouri

17. INFORMANT (ADDRESS)
Barney Night, Manassett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Manassett Mo. June 9, 1934

19. UNDERTAKER (ADDRESS)
Ed. Steffe, Manassett Mo.

20. FILED July 7, 1934 Amos C. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1934

22. I HEREBY CERTIFY that I attended deceased from May 1st, 1934 to June 7, 1934

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1 P. M.

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

Central Hemorrhage
82A

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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. J. Zimmerman M.D.
(Address) Manassett 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.

JUL 12 1934

