

OCT 12 1934

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

Do not use this space.

33581

## 1. PLACE OF DEATH

74 County Madaway Registration District No. 622  
Township St. Hughes Primary Registration District No. 4373  
City Matfield (No. 524)

File No. ....  
Registered No. 14 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 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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  
1. Martha Wright  
2. Mary Ann Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 70 1 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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) Cinton Ohio13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..17. INFORMANT (ADDRESS) Carl Brown18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery DATE Sept 26 193419. UNDERTAKER (ADDRESS) Campbell Funeral Home Matfield Mo20. FILED October 9 1934 Wm Ed Black Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from emergency call Sept 24 1934  
I last saw him alive on Sept 18 1934 Death is said to have occurred on the date stated above, at 8 P. m. estimated  
The principal cause of death and related causes of importance were as follows:

Suicide by shooting through the head with 37.7 caliber revolver  
Other contributory causes of importance: None

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Suicide Date of injury 9/24 1934  
Where did injury occur? at the home of the son  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home  
Pistol shot in head  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Dr. Williams M. D.  
(Address) Matfield Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

