

1933

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

Do not use this space.

1. PLACE OF DEATH

County Marion
 Township Marion
 City Hannibal, Mo. (No. 3004 St. Marys Ave.)

Registration District No. 547
 Primary Registration District No. 3029

File No. 43655
 Registered No. 346
 St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS**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**Olive Wright**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**Dec. 23, 1848**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

851113

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.Retired**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)**Bath County, Ky.

FATHER

13. NAMEBenjamin Woodsen Wright**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**No data

MOTHER

15. MAIDEN NAMESusan Hart**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**No data**17. INFORMANT (ADDRESS)**Mrs. G. H. Moore (Daughter)
3004 St. Marys Ave.**18. BURIAL, CREMATION, OR REMOVAL**PLACE Lick Creek Cem DATE Dec. 9, 1934**19. UNDERTAKER (ADDRESS)**Wm. M. Smith,
Hannibal, Mo.**20. FILED**Dec. 8thR. W. Ishbister,
Deputy Registrar.**MEDICAL CERTIFICATE OF DEATH**2**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Dec. 6th, 1934**22. I HEREBY CERTIFY, That I attended deceased from**
Nov. 6th, 1934, to Dec. 6th, 1934I last saw him alive on Dec. 6th, 1934 Death is saidto have occurred on the date stated above, at 11:40 P. M.

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

Arterial sclerosis

Date of onset

Other contributory causes of importance:
Enlarged prostate

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) T. A. Roselle, M. D.(Address) Hannibal, Mo.

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

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Original lost in mail

