

APR 22 1935

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

Do not use this space.

9861

1. PLACE OF DEATH

County Meruer
Township Morgan
City Princeton

Registration District No. 556
Primary Registration District No. 4378

File No.
Registered No. 9
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. 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 20-1871

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1871

7. AGE YEARS MONTHS DAYS 62 11 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. carpenter
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) Ohio Galena Co. Ohio13. NAME James Wright14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Gleason16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) John Wright Princeton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Grove DATE Mar. 14 193519. UNDERTAKER (ADDRESS) Noel Moss Princeton Mo20. FILED 3/13 1935 Princeton Mo Registrar. 3/14-35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 193522. I HEREBY CERTIFY, That I attended deceased from March 12 1935 to March 12 1935I last saw him alive on March 12 1935 Death is saidto have occurred on the date stated above, at 1 P. m.

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

Embolism in Vital Centers of Brain

Date of onset:

3/12 1935

Other contributory causes of importance:

Chronic valvular (mitral) Disease with vegetative growth on mitral valve3/1-1930Name of operation none Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) J. M. Perry, M. D.Address Princeton, 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.

