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

Do not use this space.

22843

AUG 16 1935

1. PLACE OF DEATH
County: Henry
Township: Leesville
City: (No. , St. Ward)

Registration District No. 347
Primary Registration District No. 5501 A

File No.
Registered No.

2. FULL NAME: Martha Ann Wright
(a) Residence, No. Coal Mo 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: F
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: Adam Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15 1856

7. AGE: YEARS 79 | MONTHS 0 | DAYS 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Marion Co Iowa

FATHER
13. NAME: Benjamin Heath
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Mary Ann Sheets
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs L J Mickey Coal Mo

18. ~~BURIAL~~, CREMATION, OR REMOVAL
PLACE: Colby Kan DATE: 7-13 35

19. UNDERTAKER (ADDRESS): Consolus & Beck Clinton Mo

20. FILED 7-30 1935 J. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-11 — 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1935, to 7-11 —, 1935
I last saw her alive on 7-8, 1935. Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

Cerebral Endarteritis — Date of onset
Senile Dementia

Other contributory causes of importance:

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? No
If so, specify
(Signed) E. C. Pelton, M. D.
(Address) Clinton 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.