

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

DEC 13 1935

31735

1. PLACE OF DEATH

County Andrew
Township Benton
City..... (No..... St..... Ward)

Registration District No. 9
Primary Registration District No. 5012

File No. 12
Registered No. 9

2. FULL NAME

Mrs. Frances Gillin Wright

(a) Residence, No. Farm St. Ward.

(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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Linus Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-16-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 5

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

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) Andrew co Mo.

13. NAME John Gillin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown N. C.

15. MAIDEN NAME Eliza Jane Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown N. C.

17. INFORMANT Mrs. Wm. Wright (ADDRESS) Rosendale Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo DATE Oct 23 1935

19. UNDERTAKER J. Fred Terhune (ADDRESS) Savannah Mo.

20. FILED Oct 22 1935 J. W. Cassin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1935 to Oct 21 1935

I last saw him alive on Oct 21 1935 Death is said to have occurred on the date stated above, at 8:50 a.m.

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

Cerebral apoplexy Date of onset Oct 21 1935

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of.....

What 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) O. P. Wilson M. D.

(Address) Rosendale Mo

