

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.

35035

**1. PLACE OF DEATH**

County Andrews Registration District No. 16  
Township Rochester Primary Registration District No. 5020  
City (No. ....) 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>D</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John a Wright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17-1873</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>5</u>	DAYS <u>22</u>
IF LESS than 1 day, .... hrs. or .... min.		

OCCUPATION

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

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) Holt Co mo

FATHER

13. NAME John S. Pancher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co mo

MOTHER

15. MAIDEN NAME Elizabeth Middleton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Orville Wright

18. BURIAL, CREMATION, OR REMOVAL PLACE Holt Co Hewitt DATE 11-11 1935

19. UNDERTAKER (ADDRESS) E. P. Breit

20. FILED 11-11 1935 Lora E. Frank Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-5 1935 to 11-9 1935

I last saw h.w. alive on 11-7 8 1935 Death is said to have occurred on the date stated above, at 1:10 A. m.

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

Date of onset

Epilepsy

Other contributory causes of importance:

85

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? .....

Date of injury .....

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. M. Reynolds M. D.

(Address) Wichita Kan Mo

