

FEB 19 1936

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

Do not use this space.

1670

## 1. PLACE OF DEATH

County Jackson  
Township Paris Summit  
City Paris (No. Residency)

Registration District No. 400  
Primary Registration District No. 4235

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Miss Sophia Louisa Wright  
(a) Residence, No. Paris Summit St. mo. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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 White 5. SINGLE, MARRIED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Loulou Ill.13. NAME William W. Wright14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hampshire N. Hampshire15. MAIDEN NAME William Matilda Brighton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ireland17. INFORMANT (ADDRESS) Mrs. L. T. Leiby Paris Summit mo.18. BURIAL, CREMATION, OR REMOVAL Loulou Ill Jan-22 193619. UNDERTAKER (ADDRESS) Fields James Paris Summit mo.20. FILED Jan 21 1936 William J. Fields Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-19-193622. I HEREBY CERTIFY That I attended deceased from Jan. 10, 1936 to Jan. 19, 1936I last saw her alive on Jan. 19, 1936. Death is saidto have occurred on the date stated above, at 3:00 p. m.

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

ApoplexyOther contributory causes of importance: Arterio-sclerosis and senilityName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Physical 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) A. B. Swamy, M. D.(Address) Paris Summit, Mo.

Date of onset Jan 1936  
1930

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.

WHITE PLAINLY; WITH ENFADING INK—THIS IS A PERMANENT RECORD

