

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.

Wm. Wright

MAR 23 1936

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

Do not use this space.

6817

1. PLACE OF BIRTH

County Marion Registration District No. 547
Township Hannibal Primary Registration District No. 13019
City Hannibal (No. 621) St. 2 Ward 2

File No. _____
Registered No. 692

2. FULL NAME

(a) Residence, No. 621 St. 2 Ward 2
(Usual place of abode)
Length of residence in city or town where death occurred 99 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob G. Ruch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6 - 1866</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>4</u>
	DAYS <u>16</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Bevier Mo.</u>		
FATHER	13. NAME <u>John W. Wright</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich.</u>	
MOTHER	15. MAIDEN NAME <u>Lilatha Shumaker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Jacob G. Ruch, Per. R.P.P. Hannibal Mo.</u>		
18. BURIAL INFORMATION, OR REMOVAL PLACE DATE <u>Bevier Mo. Feb. 24 - 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. L. Johnson Hannibal Mo.</u>		
20. FILED <u>Feb 24 1936</u> <u>R. W. Gahster</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1935 to Feb 22 1936
I last saw her alive on Feb 22 1936 Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Tox Thyroid toxic
Arterio-sclerosis

Date of onset 1 yr ago

Other contributory causes of importance:
Arterio-sclerosis

Name of operation None 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? _____
If so, specify _____
(Signed) J. C. Chilton M. D.
(Address) 500 Broadway Hannibal, Mo.

