

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

Ramus
Do not use this space.

APR 21 1936

11520

1. PLACE OF-DEATH
 County MACON Registration District No. 533
 Township Primary Registration District No. 3027
 City MACON (No.) St. Ward)
 2. FULL NAME LOUIS WRIGHT
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, 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) (unknown) 1861
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
75
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER Retired
 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) 1915 11. Total time (years) spent in this occupation 52
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co, Mo
 13. NAME (unknown) Wright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY
 15. MAIDEN NAME Winnie Wright
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY
 17. INFORMANT Miss Lena Smith
 (ADDRESS) Macon, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn Cem - Macon DATE Mar 12 1936
 19. UNDERTAKER ALBERT SKINNER
 (ADDRESS) MACON, MO.
 20. FILED 4/6 1936 Leola Newton
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 9 1936
 I HEREBY CERTIFY, That I attended deceased from March 4 1936 to March 9 1936
 I last saw ~~him~~ alive on March 9 1936 Death is said to have occurred on the date stated above, at 8 p.m.
 The principal cause of death and related causes of importance were, as follows:
Heart Disease. tuberc. Date of onset
Pneumonia
 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?
 If so, specify
 (Signed) Ramus, M. D.
 (Address) Macon Mo

