

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

Do not use this space.

2036

FEB 24 1937

1. PLACE OF DEATH

County Lawrence

Registration District No. * 471

Township Price

Primary Registration District No. 666

City (No. 2)

St. _____ Ward _____

File No. _____

Registered No. 47166

2. FULL NAME

William Pleasant Wight

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emanuel Wight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 27

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

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) Price City, Mo.

13. NAME Jason H. Wight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schenectady Co. New York

15. MAIDEN NAME Mary Jane Witt

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

17. INFORMANT Edmund Wight (ADDRESS) Price City, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery DATE Jan 20 1937

19. UNDERTAKER Wm. H. Wight (ADDRESS) Price City, Mo.

20. FILED Jan 17 1937 E. B. Wight Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1937

22. I HEREBY CERTIFY That I attended deceased from Oct. 20 1936 to Jan 16 1937

I last saw him alive on Jan 17 1937. Death is said to have occurred on the day stated above, at 3:15 a.m.

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

Chronic Hypertension

Date of onset 1934

Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? micro 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? _____

If so, specify _____

(Signed) E. B. Wight, M. D.

(Address) Price City, Mo.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

