

AUG 26 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Thurston Registration District No. 568 File No. 27828  
Township Wright Primary Registration District No. 5762 Registered No. 134  
City Wright (No. 1) St. Wright Ward 1

## 2. FULL NAME

(a) Residence, No. Cairo, Ill. St. Ill. Ward. Ill.  
(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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
Year 38

OCCUPATION 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Watchman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Under Cairo Bridge  
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) Unknown

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Cairo Bridge Co. Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Cemetery DATE July 17 37

19. UNDERTAKER (ADDRESS) Frank Lipp Funeral Service

20. FILED 7-17 1937 J. D. Vernon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) About July 5<sup>th</sup> 37

22. I HEREBY CERTIFY That I attended deceased from Wright 1937 to Wright 1937

I last saw him alive on Inquest 1937 Death is said

to have occurred on the date stated above, at Wright m.

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

Was drowned accidentally Date of onset 2-13

a skiff up set in River

under the Cairo Bridge

He had an Identification Card in his

body

Other contributory causes of importance: He was employed by Paint Company

who were painting Cairo Bridge

and his boat upset drowning him

Name of operation None Date of None

What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury July 5 37

Where did injury occur Cairo, Ill. on River under

Cairo Bridge (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Drowned by boat upsetting

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None known for Cairo Bridge Paint Co.

(Signed) Frank Lipp M. D.

(Address) Charleston Mo Corn

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.

