

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 13 1939

Registration District No. **773**

Primary Registration District No. **6018A**

Registrar's No. **132**

1. PLACE OF DEATH:

(a) County **St. Francois** **3**
 (b) City or town **Farmington, Mo.** ~~St. Francois~~
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 mo. 9 days**
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison Co.**
 (c) City or town **Mill Creek**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Peter Wright **Peter Wright** **623**

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary Powell** 6. (c) Age of husband or wife if alive _____ years
 if dead **Dead** years

7. Birth date of deceased **May 6 1849**
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
90	3	8	hr. _____ min.

9. Birthplace **Potosi Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer** **2**

11. Industry or business **0**

12. Name **Unknown** **9**

18. Birthplace **Potosi, Missouri**
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Records of State Hospt. #4**
 (b) Address **Farmington, Mo.**

17. (a) **Burial** (b) Date thereof **8-16-39**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cemetery of State Hospt. #4**

18. (a) Signature of funeral director **Richardson Funeral Home**
 (b) Address **Farmington, Mo. 699**

19. (a) **Aug 14 39** (b) *T.B.J. Robinson*
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **14**
 year **1939** hour **7:15** a.m. minute _____ M.

21. I hereby certify that I attended the deceased from **7-5**, 19**39**, to **8-14**, 19**39**
 that I last saw him alive on **8-13**, 19**39**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**
 Duration _____

Due to **Generalized arteriosclerosis, marked. Old cerebral thrombosis.**

Due to **Chronic nephritis.**

Other conditions **121**
 (Include pregnancy within 3 months of death)

Major findings: **no**
 Of operations _____
 Of autopsy **no**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence **no**
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **G. Tivis Graves, M.D.** (M.D. or other)
 Address **Farmington, Mo.** Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Paul Dugal, Registered Apprentice No. 172
working under my personal supervision.

Signed

Vergil W. Kelch
Licensed Embalmer No. 4102

P. O. Address Farmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.