

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

Do not use this space.

**1. PLACE OF DEATH**

County Mississippi  
Township Wright  
City Wright (No. \_\_\_\_\_)

Registration District No. 369  
Primary Registration District No. 5765

File No. 25679  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Wright Mo. St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♂ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 6 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Frances Sturgeon  
(Address) Wright Mo.

15. FILED 7/13 1931 A. Marshall REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/13 1931 6:30 P.M.

17. I HEREBY CERTIFY, That I attended deceased from 7/13/31, 1931, to 7/13/31, 1931, that I last saw him alive on 7/13/31, 1931, and that death occurred, on the date stated above, at 6:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

apoplexy  
82.A (duration) \_\_\_\_\_ yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 82.A (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) A. Marshall, M. D.  
7/13, 1931 (Address) Wright Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dale Grove Cemetery DATE OF BURIAL 7/15 1931

20. UNDERTAKER Lan Uud Co ADDRESS Charlottesville, Va.

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.

AUG 28 1931

