

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

Do not use this space.

29167

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly (No. Woodland Hospital) Registered No. 161 Ward _____

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie Wright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5 - 1905</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>3</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Mo</u>		
FATHER	13. NAME <u>William Wright</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Della Bohannon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mrs Cecel Wright</u> (ADDRESS) <u>Ashe, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodville Mo</u> DATE <u>Aug 26 - 1931</u>		
19. UNDERTAKER <u>Mahon and Son</u> (ADDRESS) <u>Moberly Mo.</u>		
20. FILED <u>Aug 24 - 1931</u> <u>Thos. J. Fleming</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23rd 1931

22. I HEREBY CERTIFY, That I attended deceased from

Coronary Case, 1931, to _____, 1931.
I last saw h. _____ alive on _____, 1931. Death is said to have occurred on the date stated above, at 9:30 P. m.

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

Gun or pistol shot wound thru vital part of body fired by parties unknown (Verdict of Jury) Date of onset _____

Other contributory causes of importance:

1931 / 1935
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury _____, 1931

Where did injury occur? Near Ashe, in Monroe County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury P. Home
Point Shot
Nature of injury Thru chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) C. H. Dixon _____, M. D.
(Address) Moberly Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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