

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

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

Do not use this space.

JAN 9 1935

44226

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 774
 Township St. Francis Primary Registration District No. 6018B
 City Esther Mo. (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Gilbert Pelbert Wright
 (a) Residence, No. St., Ward.
 (Usual place of abode)
 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11th 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 6 9 11

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. School

10. Date deceased last worked at this occupation (month and year) 12-20-34
 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) mine la Motte Mo.

13. NAME Sherman Wright

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Scott Mo.

15. MAIDEN NAME May C. Hawel

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ark.

17. INFORMANT Sherman Wright
 (ADDRESS) Esther Mo.

18. BURIAL, CREMATION, OR REMAINS mailed cemetery
 DATE 12-22-34

19. UNDERTAKER Baldwell Bros
 (ADDRESS) Flat River Mo.

20. FILED 12-21 1934 B. B. Barrer MD
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20- 1934

22. I HEREBY CERTIFY, That I attended deceased from Wellington and deceased on 12-21, 1934
 I first saw him alive on 19..... Death is said to have occurred on the date stated above, at
 The principal cause of death and related causes of importance were as follows:
Jury Verdict
deceased came to death as a result of gunshot wound from gun accidentally discharged by hand of Raymond M. Williams
 Other contributory causes of importance:
184
184

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) Cleora Province
 (Address) Coroner St. Francois Co. Farmington, Mo.

W. J. ...

...

...

...

...

...

...