

FEB 2 1 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **781**
Township **St. Louis** Primary Registration District No. **1003**
City **St. Louis** No. **5022** Maple

File No. **3341**
Registered No. **639**
St. **14** Ward

2. FULL NAME

Margaret Wright
(s) Residence, No. **5022 Maple** St., **14** Ward.

(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 Female	4. COLOR OR RACE Wh	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles W. Wright		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1865		
7. AGE	YEARS 69	MONTHS 11
	DAYS 22	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home	
	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) Pennsylvania		
FATHER	13. NAME John D. Achery	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
MOTHER	15. MAIDEN NAME Mary Jane Parker	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
17. INFORMANT (ADDRESS) Charles W. Wright 5022 Maple		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 18, 1935		
19. UNDERTAKER (ADDRESS) Chas. S. Stuart 1225 Union Blvd.		
20. FILED JAN 17 1935 J. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 15, 1935**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at **1:20 P.**m.

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

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

no

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) **Charles W. Wright**, M. D.1/16/35
Address) **St. Louis**

