

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

23084
Do not use this space

OCT 13 1939

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607
 (b) Township Portage Primary Registration District No. 5806
 (c) City Portageville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 623 Ben Franklin Wright

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) Emma Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 8 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Madison County
 (STATE OR COUNTRY) Alabama

13. NAME John Wright

14. BIRTHPLACE (CITY OR TOWN) Alabama
 (STATE OR COUNTRY) _____

15. MAIDEN NAME Sarah Bank Knowlton

16. BIRTHPLACE (CITY OR TOWN) Alabama, M
 (STATE OR COUNTRY) _____

17. INFORMANT J. L. Wright
 (ADDRESS) Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Portageville, Mo. DATE 9-10-39

19. FUNERAL DIRECTOR (NAME) Hill Funeral Home
 (ADDRESS) Portageville, Mo.

20. FILED Oct 2 1939 Mary W. Cook
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1939

22. I HEREBY CERTIFY, THAT I attended deceased from Aug. 18 1939, to Sept 9 1939
 I last saw him alive on Sept 8 1939. Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance:

Chr nephritis ?

Name of operation _____ Date of _____
 What test confirmed diagnosis: Clinical Was there an autopsy? No

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? No

If so, specify _____
 (Signed) John J. Tillman, M. D.
 (Address) Portageville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 2,

District File Number 1039-2485

District File No. 10-5

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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