

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

Do not use this space.

8594

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Patena Primary Registration District No. 2002
 City Joplin (No. 1917) Well St. _____ Ward _____
 Registered No. 138

2. FULL NAME Elizabeth Wright
 (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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19, 1857

7. AGE YEARS 70 MONTHS _____ DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ind
 (STATE OR COUNTRY)

10. NAME OF FATHER Walt Reeder

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

12. MAIDEN NAME OF MOTHER West

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1927, to March 7, 1927, that I last saw her alive on March 7, 1927, and that death occurred, on the date stated above, at _____
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial nephritis
131 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1290 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) W Mitchell Ferguson, M. D.
3 10 1927 (Address) Joplin 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 Forest Park DATE OF BURIAL 3-10 1927

20. UNDERTAKER Hubert and Co ADDRESS Joplin Mo

14. INFORMANT Mrs W. J. Vaughan
 (Address) 1917 Well St Joplin

15. FILED 314 1927 A Benson Clark
 REGISTRAR

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.

26 1927

