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.

JUN 28 1927

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

Do not use this space.

15677

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 51
City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Helen Ann 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13 1927

7. AGE — YEARS: — MONTHS: 1 — DAYS: 21 — 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) Chillicothe (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Warren Wright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chillicothe (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Sylvia Odell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tina (STATE OR COUNTRY) Mo

14. INFORMANT Mother (Address) Chillicothe Mo

15. FILED 5-5, 1927 Reuben Bonney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-4-1927

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1927, to May 4, 1927, that I last saw her alive on May 5, 1927, and that death occurred, on the date stated above, at 6-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pylonic Stenosis

(duration) yrs. mos. 35 ds.

CONTRIBUTORY (SECONDARY) 159 C2

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? NO DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. Collier, M.D.
May 5, 1927 (Address) Chillicothe 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: Edgewood Cem. — DATE OF BURIAL: 5-5-1927

20. UNDERTAKER: F B Norman — ADDRESS: Chillicothe Mo.