

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

Do not use this space.

16828

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **4777**

City **W. Plains, Mo.** (No. ....) St. .... Ward)

**2. FULL NAME**

**Ollie Wainwright**

(a) Residence. No. **2622 W. Leffingwell 20** 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 7 1896**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**30 11 7**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Housewife**  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Jackson**  
(STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **Robt. Forrest**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Jackson**  
(STATE OR COUNTRY) **Mo**

12. MAIDEN NAME OF MOTHER **Ella Wittell**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Jackson**  
(STATE OR COUNTRY) **Mo**

14. INFORMANT **Estell Forrest**  
(Address) **2622 W. Leffingwell**

15. FILED **MAY 21 1927** **maub Starkhoff**  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 14 1927**

17. I HEREBY CERTIFY, That I attended deceased from **May 9 1927**, to **May 14 1927**, that I last saw him alive on **May 13 1927**, and that death occurred, on the date stated above, at **2:58 A** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Acute Retic Endocarditis**  
**56 E 91 A 510 6**  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) **Acute Rheumatic fever**  
(duration) yrs. mos. da. **14**

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? **at home**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF  
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**  
(Signed) **Wm. C. Muelh**, M. D.  
**18**, 19 **27** (Address) **2335 Franklin**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Greenwood Cemetery** DATE OF BURIAL **5-21 1927**

20. UNDERTAKER **Dement and Walton** ADDRESS **2700 Wash**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

Ward