3 ec 2 1928

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

Do not use this space.

23178

1. PLACE OF DEATH
County Callaway
Township
City Fulton (No. , St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 141

2. FULL NAME Virgina Wright Chumbley

(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Fred Chumbley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~12/31 1878~~

7. AGE 49 YEARS | MONTHS 6 | DAYS ~~15~~ 14 | If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER James Wright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Juliette Brammond
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Miss. Davis
(Address) Mokane Mo.

15. FILED 7-16, 1928 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 15 July 1928

17. I HEREBY CERTIFY, That I attended deceased from July 7th, 1928, to July 15, 1928, that I last saw h. alive on July 15, 1928, and that death occurred, on the date stated above, at 2 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia
7/A 5 8 Wks (duration) 1½ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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? Clinical + blood tests
(Signed) Martin Yates M. D
7-16, 1928 (Address) Fulton 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 Mokane Cemetry
DATE OF BURIAL 7/16 28 19

20. UNDERTAKER Herndon Taylor
ADDRESS Fulton Mo.