

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

Do not use this space.

28111

1. PLACE OF DEATH

County Jasper Registration District No. 411

Township Jasper Primary Registration District No. 2992

City Jasper St. James Hospital

File No. _____

Registered No. 349

St. _____ Ward _____

2. FULL NAME

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 2 8

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

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

10. NAME OF FATHER Charles Wright

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

12. MAIDEN NAME OF MOTHER Eva Pittman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No record
(STATE OR COUNTRY)

14. INFORMANT Eva Wright
(Address) Granby Mo

15. FILED 8-22-29 Atkinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 to Aug 20 1929 that I last saw him alive on Aug 19 1929 and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis 12/B
117B
(duration) yrs. mos. ds. 6
CONTRIBUTORY (SECONDARY) acute dilatation of stomach
17 hours
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Jasper Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 14-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. L. Wilber, M. D.
Aug 21, 1929 (Address) Jasper 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 Granby Cemetery DATE OF BURIAL Aug 22 1929

20. UNDERTAKER J. Pittman ADDRESS Granby Mo

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.

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