46 OCT 23

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

Do not use this space.

30675

1. PLACE OF DEATH
County Howell
Township ~~Willow Springs~~
City Willow Springs, Mo.
Registration District No. 385
Primary Registration District No. 5536
File No.
Registered No. 351
St. Ward)

2. FULL NAME Marthy Florence 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 26th. 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
55	6	12	

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) Cambridge
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER Wesley Parriott
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Mary Postgate
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know

14. INFORMANT George C. Wright
(Address) Willow Springs. Mo.

15. FILED 9/15 1929 J B Ferguson REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 1929

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1929, to Sept 14, 1929 that I last saw her alive on Sept 14, 1929, and that death occurred, on the date stated above, at 9:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage (apoplexy)
13.1 87 D
97 (duration) 2 hrs yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis arteriosclerosis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At place death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) J C B Davis, M. D.
9/15, 1929 (Address) Willow Springs 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: Bayard. Nebraska
DATE OF BURIAL: 9/21st. 1929

20. UNDERTAKER: T R Burns
ADDRESS: Willow Springs 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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