NOV 21 1930

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

Do not use this space.

File No. 32014

Registered No. .....

1. PLACE OF DEATH

County Atchison

Township ~~Nishnabotna~~

City Watson Mo (No. ..... St. ..... Ward)

Registration District No. 21

Primary Registration District No. 4015

2. FULL NAME Velma Ruth Rightsell.

(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): Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 3. 1930

7. AGE: YEARS | MONTHS: 7 | DAYS: — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): ~~Near~~

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hamburg Iowa

PARENTS

10. NAME OF FATHER: Glen Rightsell.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Morristown Penn.

12. MAIDEN NAME OF MOTHER: Gertrude Harbin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Parkio. Mo

14. INFORMANT (Address): Glen Rightsell. Watson

15. FILED 11/1, 1930. D. A. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1930, to Oct - 2 - 1930 that I last saw her alive on Oct - 2 - 1930, and that death occurred, on the date stated above, at 6. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever - ending with convulsions -

86 (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY): Convulsion (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED AT Home -

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? WIDAL: (Mo Stk Lab.)

(Signed) James A. Gray, M. D

11/1, 1930 (Address) WATSON 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: Hamburg Cem

DATE OF BURIAL: Oct 3 1930

20. UNDERTAKER: Clelle M Sanders.

ADDRESS: Hamburg Ia.

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

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.