

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

Do not use this space.

353

1. PLACE OF DEATH

County Butler Registration District No. 88
 Township Paplar Bluff Primary Registration District No. 5131
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 25

2. FULL NAME

Missie Lucille Wright
 (a) Residence No. 2 Mo. S. Paplar Bluff Mo. 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** married
(write the word)

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

Roy Wright

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 - 1910

7. AGE YEARS MONTHS DAYS **IT LESS than 1 day, _____ hrs. or _____ min.**
20 11 6

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Andrew Simpson

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

12. MAIDEN NAME OF MOTHER Ida Scheneiter

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

14. INFORMANT Ida Costello
 (Address) Paplar Bluff Mo R4

15. FILED Jan 24 1931 B. J. Helms REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1931, to Jan 24 1931, that I last saw her alive on Jan 22 1931, and that death occurred, on the date stated above, at 6:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

16
Meningococci Meningitis
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 18
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 1

IF NOT AT PLACE OF DEATH same

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/20/31

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phage Laboratory
 (Signed) Lee Harwell, M. D.

1/24 1931 (Address) Paplar Bluff 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 City Cemetery **DATE OF BURIAL** Jan 25 1931

20. UNDERTAKER Dr. J. Phelps **ADDRESS** Paplar Bluff Mo

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.

29
 FEB 18 1931

