

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

Do not use this space.

**13099**

File No. \_\_\_\_\_

Registered No. 18

**1. PLACE OF DEATH**

County Audrain

Registration District No. 72

Township Wilson

Primary Registration District No. 5037

City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Gracie Jewell Righter

(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 5th 1928

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

3

3

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child

(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)

Audrain Co., Mo.

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Joseph Jackson Righter

Monroe Co., Mo.

Hinnie Lee Foreman 4/29, 1931 (Address) Centralia Mo

Monroe Co., Mo.

14. INFORMANT (Address)

J. J. Righter Centralia Mo 19#

15. FILED

4/29, 1931

J. G. Anderson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29th 1931

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1931 to April 29, 1931 that I last saw her alive on April 29, 1931, and that death occurred, on the date stated above, at 10 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY)

measles

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

(duration) 1 yrs. \_\_\_\_\_ mos. 10 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?

(Sign)

Symptoms  
Dr. C. E. White M. D.

\*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

DATE OF BURIAL

St. Zion Cem. Monroe Co Apr 30 1931

20. UNDERTAKER

ADDRESS

M. J. McDonald Centralia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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