

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

Do not use this space.

18347

1. PLACE OF DEATH

County Jackson Registration District No. 4104
 Township Washington Primary Registration District No. 3738
 City Dodson Mo (No. _____) St. _____ Ward _____

2. FULL NAME Stella Lucetta Wright

(a) Residence, No. 957 Montgall Ave 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 M. Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-15-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

13. NAME Thomas E. Claunch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary E. Hawery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knobnoster, Missouri

17. INFORMANT William M. Wright (ADDRESS) 957 Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5-23 1931

19. UNDERTAKER Baron Undertaking Co. (ADDRESS) Independence, Mo

20. FILED 5-23 1931 D. P. Brannan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/31 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 1931. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

163 P
Pneumonia
 Other contributory causes of importance:
Arterial lead

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. M. Brannan, M. D.
 (Address) Indep- 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.

MAY 28 1931

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