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.

APR 30 1932

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

Do not use this space.

11262

1. PLACE OF DEATH

102 County Shelby — Registration District No. 831 — File No.

Township Black Creek — Primary Registration District No. 6092 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Caroline Wright

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 23 1856

7. AGE: Years 75 — Months 2 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

31
75
56

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Adams Co. Ill.

PARENTS

10. NAME OF FATHER: J. W. Browning
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Deborah Stockton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ill

14. INFORMANT: Earl Wright
(Address): Shelbyville, Mo.

15. FILED Mar. 7 1932. E. Pevette A. H. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 6 1932

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1929, to Mar 2, 1932 that I last saw her alive on Mar 2, 1932, and that death occurred, on the date stated above, at 1:35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Spinal Postero-Lateral Sclerosis

SPA (duration) 3 yrs. 6 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? (1)

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

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. M. Wood, M. D.

3-8-, 1932 (Address) Shelbina 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: Cedar Grove Cemetery — DATE OF BURIAL: Mar. 7 1932

20. UNDERTAKER: J. W. Thompson & Son — ADDRESS: Shelbyville Mo.