

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

Do not use this space.

4588

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
 Township Kirksville Primary Registration District No. 3001 File No. 44  
 City Kirksville 715 E Washington St. Registered No. 44 Ward)

**2. FULL NAME**

Alvina Meloma A Wright  
 (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 F 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 S. G. Wright Deceased  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1854  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 1 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) Nashville (STATE OR COUNTRY) Indiana

MOTHER 13. NAME Elam Carter  
 14. BIRTHPLACE (CITY OR TOWN) Nashville Ind (STATE OR COUNTRY) United States

FATHER 15. MAIDEN NAME Mary Henry  
 16. BIRTHPLACE (CITY OR TOWN) Nashville (STATE OR COUNTRY) Indiana United States

17. INFORMANT F. C. Wright (ADDRESS) Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ewing Mo DATE Feb 27 1933

19. UNDERTAKER Thomas Ball (ADDRESS) Ewing Mo

20. FILED 2/27 1933 Mrs. O. H. Becker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1933 Feb 22 1933  
 I last saw him alive on Feb 22 1933 Death is said to have occurred on the date stated above, at 7:10 p. m.

The principal cause of death and related causes of importance were as follows:

97  
Arterial sclerosis  
 Other contributory causes of importance:  
97

Name of operation none Date of \_\_\_\_\_  
 What test confirms diagnosis? physical Was there an autopsy? no

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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) J. W. Martine M. D.  
 (Address) Kirkville 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

