

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7115 West
Do not use this space.

2140

1. PLACE OF DEATH

County Pettis Registration District No. 168
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. 1408 S. Ky.) St. Mo. Ward

2. FULL NAME

Ada Wright
(a) Residence, No. 1408 S. Ky. St. Mo. Ward
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 17, 1881

7. AGE YEARS 52 MONTHS 9 DAYS 8 If LESS than 1 day, hrs. or min.

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME John I Gillum

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

15. MAIDEN NAME Lucy Hogan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Harry Wright (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Jan. 28, 1934

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo.

20. FILED 1-28 1934 Gen Slack Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25/34, 1934

22. I HEREBY CERTIFY That I attended deceased from Dec. 29, 1932, to Jan. 25, 1934

I last saw him alive on Jan. 25, 1934. Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Blood stream infection.
(Streptococcus viridans)
infecting focal teeth
immediate cause of death
acute endocarditis

Other contributory causes of importance:

919 none

115B

Name of operation none Date of 310

What test confirmed diagnosis blood culture 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) Chas. A. M. Hall, M. D.

(Address) Sedalia Mo.

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