

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.

AUG 14 1935

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

Do not use this space.

12222-6

1. PLACE OF DEATH

County Cedar

Registration District No. 167

File No.

Township Medison

Primary Registration District No. 5233

Registered No.

City (No.)

St. Ward

2. FULL NAME

Hettie B Wright

(a) Residence, No. Fair play mo R 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

Frame W Wright

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

1-4-1881

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

54

3

6

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)

11. Total time (years) spent in this occupation

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

Fair play mo

FATHER

13. NAME

Edward C Haywood

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

Fair play mo Ark

MOTHER

15. MAIDEN NAME

Leza Belcher

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

Fair play mo Ark

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grady Burial DATE April 11 1935

19. UNDERTAKER (ADDRESS)

A. B. Wright
Fair play mo

20. FILED Aug 3 1935 B. A. Cheek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1934, to April 10 1935

I last saw her alive on April 8 1935. Death is said to have occurred on the date stated above, at 8 a. m.

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

Heart block

Date of onset

Other contributory causes of importance:

Myocardial Stenosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) H. S. Samsell, M. D.

(Address) Elkton Mo

