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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

AUG 23 1935

Do not use this space.

25215

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160 — File No.

Township — Primary Registration District No. 4470 — Registered No. 73

City University City (No. 6817 Washington Ave St. Ward)

2. FULL NAME Barbara A. Wrightsman

(a) Residence, No. 6817 Washington 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/12/1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
81	9	20	

OCCUPATION

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.

FATHER

13. NAME William A. Lowing

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

MOTHER

15. MAIDEN NAME Angeline Weaver

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

17. INFORMANT Mrs A Haverstock
(ADDRESS) 6817 Washington Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 7/3/35, 19

19. UNDERTAKER Robert J. Cumberlander
(ADDRESS) 6633 Clayton Road

20. FILED July 5, 1935 Dora V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1935, to July 1/35, 1935. I last saw her alive on July 1/35, 1935. Death is said to have occurred on the date stated above, at 12:30 A.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis Clinical symptoms 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. D. Thurman, M. D.
(Address) 6732 Page Ave