

FEB 25 1936

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

Do not use this space.

2565

1. PLACE OF DEATH

County Putnam
Township Grant
City Livonia (No.)Registration District No. 720
Primary Registration District No. 6234File No.
Registered No. 4
St. Ward

2. FULL NAME

Lydia Ellen 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28-1847</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>3</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Brown Co. Ind</u>		
FATHER	13. NAME <u>Alexander Followell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Dont know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>	
17. INFORMANT <u>Alva Wright</u> (ADDRESS) <u>Livonia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jimtown Cem.</u> DATE <u>Jan. 6 1936</u>		
19. UNDERTAKER <u>John A. Roberts</u> (ADDRESS) <u>Waverly, Mo.</u>		
20. FILED <u>Feb 8 1936</u> <u>E. E. McCallan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1-4-1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>12-29 1935</u> , to <u>1-4-1936</u> I last saw him alive on <u>1-2-1936</u> Death is said to have occurred on the date stated above, at <u>6 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Apoplexy,</u> <u>83</u> Other contributory causes of importance
Name of operation
Date of
What test confirmed diagnosis?
Was there an autopsy? <u>yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?
Date of injury
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? <u>no</u> If so, specify
(Signed) <u>P. Hart</u> , M. D.
(Address) <u>Livonia, Mo.</u>

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.

