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

JUN 22 1936

Do not use this space.

19976

File No. .....

Registered No. 98

1. PLACE OF DEATH

County Livingston

Township .....

City Chillicothe (No. ..... St. ..... Ward)

Registration District No. 528

Primary Registration District No. 5-26

2. FULL NAME Nellie Wright Seal

(a) Residence, No. 343 Jackson St. 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): W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: R. C. Seal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 19 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	51	5	2	

OCCUPATION

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

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 COUNTY): Rosewood Mo

FATHER

13. NAME: Cyprian L. Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Andersonville Indiana

MOTHER

15. MAIDEN NAME: Sarah Anna Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Ohio

17. INFORMANT (ADDRESS): George Pat Wright Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL: Miriam Cemetery

PLACE Maryville Mo DATE May 21 1936

19. UNDERTAKER (ADDRESS): Campbell Funeral Home Maryville Mo

20. FILED May 21 1936 Donald W. Lawrence M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21 1936, to May 21 1936, I last saw him alive on May 21 1936. Death is said to have occurred on the date stated above, at 4:15 P.M.

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

	Date of onset
1st Chronic Pneumonia	

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... 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) H. L. Dillow M. D.

(Address) Chillicothe 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.

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

MARGIN RESERVED FOR BINDING

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