

JAN 20 1937

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

Do not use this space.

45228

1. PLACE OF DEATH

County Jasper
Township Sarcox
City Sarcox (No. _____)

Registration District No. 416
Primary Registration District No. 4248

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Amanda E. Wright

(a) Residence, No. _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 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 Tom Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 14

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. Home
10. Date deceased last worked at this occupation (month and year) 12/26 11. Total time (years) spent in this occupation 12/26

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

FATHER
13. NAME William

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Magaret Ellen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Tom Wright Sarcox Mo.

18. BURIAL, CREMATION, OR REMOVAL Sarcox Cem DATE 12/29 1936

19. UNDERTAKER (ADDRESS) Engelberg Mortuary Sarcox Mo.

20. FILED 12/28 1936 Harvey Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1936 to Dec 26 1936
I last saw her alive on Dec 26 1936 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Cerebral Hemorrhage

Date of onset 12/26/36

Other contributory causes of importance _____

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 _____ 1936

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) Harvey Simmons, M. D.
(Address) Sarcox, 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.

