

FEB 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Phelps Registration District No. 677 File No. 2577
Township Rolla Primary Registration District No. 5901 Registered No. 8
City Rolla, R.R. #2 (No. 2) (No. 1) St. Rolla Ward)

2. FULL NAME Mary Levina Wright

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June Jan 20, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 26

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo

13. NAME Martin Staugh

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

15. MAIDEN NAME Phoeba Stice

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

17. INFORMANT W.E. Wright
(ADDRESS) Rolla, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roach DATE Jan 17, 1937

19. UNDERTAKER Null and Son, Rolla, Mo.
(ADDRESS)

20. FILED Jan 17, 1937 Jos. F. Ayers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1937, to 1-16, 1937

I last saw him alive on 1-16, 1937 Death is said to have occurred on the date stated above, at 6:00 pm.

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

Influenza

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, 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) E. E. Feindel, M. D.

(Address) Box 50 Rolla, Mo.

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.

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