FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Warren
Township Camp Branch
City ..... (No. ....., 2 ..... St. ..... Ward)

Registration District No. 881
Primary Registration District No. 6175

File No. 4740
Registered No. 1

2. FULL NAME Not Named —

(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2nd 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Warren Co., Missouri

FATHER
13. NAME John B. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co., Mo.

MOTHER
15. MAIDEN NAME Mabel M. Sleving
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co., Mo.

17. INFORMANT (ADDRESS) Dr. C L Garcia Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery DATE Jan 3 1937

19. UNDERTAKER (ADDRESS) Parent

20. FILED Jan 3 1936 A. W. Wheeling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937, to Jan 2, 1937
I last saw her alive on Jan 2, 1937. Death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:

Premature birth — Date of onset 6½ mos

Other contributory causes of importance:

Name of operation none 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 none
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Charles L. Garcia, M. D.
(Address) Warrenton, 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.

...UNFADING INK—THIS IS A PERMANENT RECORD