

MAY 27 1937

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

Do not use this space.

16787  
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## 1. PLACE OF DEATH

54 County Lafayette  
Township Lexington  
City..... (No....., ..... St..... Ward)

Registration District No. 461  
Primary Registration District No. 5625

File No.....  
Registered No.....

2. FULL NAME Infant Daughter of Mr. & Mrs. John 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 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) April 25, 19357. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 0 0

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

None

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) Lexington, Mo.13. NAME John Wright14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bramer, Mo.15. MAIDEN NAME Lavena Hollaway16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co., Mo.17. INFORMANT John Wright (ADDRESS) Lexington, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE April 26, 193719. UNDERTAKER Winkler (ADDRESS) Lexington, Mo.20. FILED Ap. 26, 1937 Jay B. Bate Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 5:00 P.M.

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

Pneumonia Date of onset

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) W. H. Gilber M. D.(Address) Lexington, Mo.

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.

