AUG 18 1937

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

Do not use this space.

26621

1. PLACE OF DEATH
County Benton
Township
City Warsaw (No. , St. Ward)

Registration District No. 6
Primary Registration District No. 4036

File No.
Registered No. 19

2. FULL NAME Mollie T. 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF P. M. Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1869

7. AGE: Years 67 Months 8 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) West Virginia

FATHER
13. NAME M. T. Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary E. Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mr. P. M. Wright
(ADDRESS) Warsaw, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverside DATE 7-6-1937, 19
Warsaw, Missouri

19. UNDERTAKER E. M. White
(ADDRESS) Warsaw, Missouri

20. FILED 7/5 1937 Jas A. Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to July 4, 1937. I last saw her alive on July 3, 1937. Death is said to have occurred on the date stated above, at 9:00 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/1/37
Chronic Myocarditis	1933

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Clinical 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) James S. Logan M. D.
(Address) Warsaw Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.