

NOV 19 1937

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

Do not use this space.

38160

1. PLACE OF DEATH

County Macon  
Township Chautau  
City (No. .... St. .... Ward)

Registration District No. 029  
Primary Registration District No. 5705

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

2. FULL NAME

(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.

Effie Wright

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936 to Sept 19, 1937  
I last saw her alive on Sept 19, 1937. Death is said to have occurred on the date stated above, at 6:30 P

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9-1876

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

7. AGE YEARS 61 MONTHS 2 DAYS 11 If LESS than 1 day, .... hrs. or .... min.

Carcinoma of Stomach Date of onset Oct 1, 36  
X-ray diagnosis, Mar 1937  
Woodland Hospital, Moberly, Mo.

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 ....

Other contributory causes of importance:  
Chronic myocarditis ?  
46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

Name of operation .... Date of ....  
What test confirmed diagnosis? X-ray Was there an autopsy? No

13. NAME Dont Know

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.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doubt know

17. INFORMANT Elwood Wright (ADDRESS) Calcasieu Mrs A R

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cem DATE Sept 22 1937

19. UNDERTAKER Albert Skinner (ADDRESS) Macon Mo

20. FILED Nov 10 1937 Mrs R. W. Powell Registrar

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify ....  
(Signed) Dr E H Weidlich  
(Address) Bevier, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. A certificate of death is not a legal document.

