JAN 19 1938

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

Do not use this space.

File No. 45531

Registered No.

1. PLACE OF DEATH

County Howell

Township

City West Plains, (No. ..., St. ..., Ward)

Registration District No. 384

Primary Registration District No. 4227

2. FULL NAME ELIZA FISHER WRIGHT. Nee: Eliza Abney

(a) Residence, No. 16 N. Curry. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
74	2	25	

OCCUPATION

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) Ill.

FATHER

13. NAME Jesse Fisher

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

MOTHER

15. MAIDEN NAME Anna Summers.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Joe. S. Wright.
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL Howell Valley Cem.
PLACE West Plains, Mo. DATE Dec. 6, 37

19. UNDERTAKER Hal Thomburgh
(ADDRESS) West Plains, Mo.

20. FILED 12-6, 1937 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6th, 1937, to Dec. 5th, 1937

I last saw h. or alive on Dec. 5th, 1937. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

	Date of onset
Bronchiectasis, chronic with acute exaccerbation.	?

50

Other contributory causes of importance:

Cancer under left breast, Epithelioma.	2 yrs

Name of operation X Date of X

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) A. Thomburgh, M. D.

(Address) West Plains, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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