

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

25737
Do not use this space.

1. **DEATH** ~~1938~~ ¹⁹³⁸
 (a) County LACLEDE Registration District No. 449
 (b) Township OSAGE Primary Registration District No. 5618 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ELLA A. WRIGHT 623
 (a) Residence, No. LACLEDE COUNTY St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. N. WRIGHT
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 27 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
 9. Industry or business in which work was done, as 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) LACLEDE Co. Mo.

FATHER 13. NAME WILLIS CHANDLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GREEN Co. Mo.

MOTHER 15. MAIDEN NAME MARY JESSOP

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GREEN Co. Mo.

17. INFORMANT (ADDRESS) R. N. WRIGHT
Abc Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE SIMLIN CEMETARY DATE JULY 27 1938

19. FUNERAL DIRECTOR (ADDRESS) PALMERS
HEBANY Mo

20. FILED 7-26-38 La McComb
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20 1938 to July 28 1938
 I last saw him alive on July 25 1938 Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:

Paroxysms of avarnia Date of onset 1927

Other contributory causes of importance: MI

Name of operation _____
 What test confirmed diagnosis? Blood exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 P. Thompson, M. D.
 (Signed) La McComb (Address) Hebany 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.

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