

SEP 16 1938

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

28267
Do not use this space.

1. PLACE OF DEATH

(a) County Bollinger
(b) Township Lorraine
(c) City Glenallen
(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.

Registration District No. 1026
Primary Registration District No. 4560

Registered No. _____

2. PRINT FULL NAME Vina Wright

(a) Residence, No. _____ 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 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 John Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24th 1889

7. AGE YEARS 48 MONTHS 10 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
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) Madison Co.
(STATE OR COUNTRY) near Fredericksburg, Va.

13. NAME Thomas J. Agers

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

15. MAIDEN NAME Mary Josephine Murry

16. BIRTHPLACE (CITY OR TOWN) Ark. Heights
(STATE OR COUNTRY) Newton Co. Mo.

17. INFORMANT Mr John Wright
(ADDRESS) Glenallen Mo.

18. BURIAL, CREMATION, OR REMOVAL Glenallen
PLACE DATE Aug, 28th 1938

19. FUNERAL DIRECTOR (NAME) Baker Funeral Home,
(ADDRESS) Lutesville, Mo. A J Baker

20. FILED 8, 27, 1938 Millie H. Davenport
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1927, to Aug 26, 1938

I last saw him alive on May, 1938. Death is said to have occurred on the date stated above, at 5:30 P.m.

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

Pulmonary Tuberculosis
Hemorrhage

Date of onset
10
1927

Other contributory causes of importance: 22

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) J. W. Newburgh, M. D.

(Address) Lutesville Mo.

STATEMENT TO GRAVEYARD
OF THE
CITY OF CHICAGO
BY THE
LICENSED EMBALMER

DATE OF DEATH

/ *Manufactured by*

Chicago Co. Mo.

Chicago

DATE OF DEATH



STATEMENT TO GRAVEYARD

STATEMENT TO GRAVEYARD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.