

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

11188
Do not use this space.

REC'D APR 15 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
 (b) Township Wright Primary Registration District No. 302.1 Registered No. 2.0
 (c) City Wright City (d) Street No. WRIGHT BUILDING; MAIN AND DAUGHTERY. St.
 (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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Matilda Ann Wright

(a) Residence, No. Wright Building St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Chas L. Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1852

7. AGE YEARS 86 MONTHS 11 DAYS 3 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Montgomery County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Mc Haney
 14. BIRTHPLACE (CITY OR TOWN) Tenn
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Catherine Burger
 16. BIRTHPLACE (CITY OR TOWN) Pa
 (STATE OR COUNTRY)

17. INFORMANT Chas L. Wright
 (ADDRESS) Wright City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE MT. HOPE CEM. DATE MCH 16. 39

19. FUNERAL DIRECTOR (NAME) Wright City Burial Co.
 (ADDRESS) Wright City, Mo.

20. FILED MCH. 15. 39 19 Wright City, Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13 1939

22. I HEREBY CERTIFY, That I attended deceased from March 9 1939, to 3-13 1939
 I last saw him alive on 2-13 1939 Death is said to have occurred on the date stated above, at 2:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 8/20/1

Other contributory causes of importance:

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 Yes
 (Signed) W. B. Sweeney M. D.
 377 (Address) 205 N. 2nd St. Wright City, Mo.

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

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.

I X18603

RECEIVED

District Health Officer No. 6;

District File Number 6-39-681

Date Filed APR 3 1939

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 Myself,

Registered Apprentice No. _____

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Webb City, Mo.

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.