

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.

REC'D JUL 17 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21837

1. PLACE OF DEATH

County Cedar
 Township Madison
 City Fair Play

Registration District No. 167
 Primary Registration District No. 5233

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME June Marie Wright

(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. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 - 39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Lebnon,
 (STATE OR COUNTRY) Kans.

13. NAME Chas. Wright

14. BIRTHPLACE (CITY OR TOWN) Guthrie
 (STATE OR COUNTRY) Okla

15. MAIDEN NAME Opal McFarlin

16. BIRTHPLACE (CITY OR TOWN) Smith Co. Kans.
 (STATE OR COUNTRY)

17. INFORMANT Chas. Wright
 (ADDRESS) Fair Play, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fair Play, Mo. DATE 4/13 1939

19. UNDERTAKER Frank W. Barker
 (ADDRESS) Fair Play, Mo.

20. FILED June 30, 1939 B. A. Cheek
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Undetermined. Found dead in bed.

Date of onset _____

Other contributory causes of importance: 200 ft

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? 9

If so, specify _____

(Signed) B. A. Cheek Local Reg.

157 (Address) Bear Creek Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1022

Date Filed 7-13-39