DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31833

REC'D OCT 10 1939

Registration District No. 73 — Primary Registration District No. 3006 — Registrar's No. 191

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four (4) Days (Specify whether years, months or days)

In this community Thirty five Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia (If outside city or town limits, write "RURAL")

(d) Street No. 820 Virginia (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME NANCY G WRIGHT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. Kelly Wright

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. (Month) 14 (Day) 1881 (Year)

8. AGE: Years 58 Months 0 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Callaway Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William C. Fish
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Frances Bright
15. Birthplace Callaway (City, town, or county) County Mo (State or foreign country)

16. (a) Informant's own signature J Kelly Wright

(b) Address 820 Va Ave, Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-39 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem

18. (a) Signature of funeral director Parkers

(b) Address Columbia Mo

19. (a) 9/18/39 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17 year 1939 hour 3 minute 552 M.

21. I hereby certify that I attended the deceased from July 5, 1939 to Sept 16, 1939; that I last saw her alive on September 16, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: uremia	
Due to: Chronic myocarditis	
Due to: chronic nephritis	
Due to: essential hypertension	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles C. Leech MD (M. D. or other)

Address 417 Guitar Bldg Date signed 9/18/39

(Licensed Embalmer's Statement on Reverse Side)

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 X19511

JUL 21 1952

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 W. D. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia, 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.