

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

Do not use this space.

DECEMBER 12 1939

42784

85

1. PLACE OF DEATH

County Duchesne

Registration District No. 85

File No. 42784

Township Washington

Primary Registration District No. 1001

Registered No. 1259

City St. Joseph, Mo. (No. 1001)

St. Mo. Mechs. Hospital (Ward)

2. FULL NAME

Baby Girl Wright

(a) Residence, No. Mo. Mechs. Hosp. St. 1001 Ward. 1001

Fairfax, Mo.
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 2 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 3:25 P.M. Dec 4, 1939, to 5:30 P.M. Dec 4, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4, 1939

I last saw h.e.r. alive on Dec 4, 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

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

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

Prematurity
Toxemia of Pregnancy
Concussion

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

Other contributory causes of importance
Toxemia of Pregnancy
Concussion

FATHER
 13. NAME Nelson Austin Wright

Name of operation Cesarian Section date of 12/4/39
 What test confirmed diagnosis? CHIMICAL Was there an autopsy? No.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craig, Mo.

MOTHER
 15. MAIDEN NAME Wilma Colera Miller

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nishna, Mo.

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Nelson A. Wright
Fairfax, Mo.

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfax, Mo. DATE Dec 6, 1939

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify

19. UNDERTAKER (ADDRESS) Harvey Schooler
Fairfax, Mo.

(Signed) Winston T. Stacy M. D.
 (Address) Kirkpatrick Bldg

20. FILED Dec 5, 1939 A. J. Wittelbusch Registrar.

ALL 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.

Not Embalmed
