FILED MAY 7 1940

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

Do not use this space.

File No. 16211

Registered No.

1. PLACE OF DEATH
County: Scotland
Township: Fabius
City: Brunsburg R7D (No. ... St. ... Ward)
Registration District No.: 948
Primary Registration District No.: 6-B-8 [illegible]

2. FULL NAME: Matilda Jane 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. ... 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): Married

5A. ~~If MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF~~ (OR) WIFE OF: Alvin L. Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 23 1872

7. AGE: Years 67 | Months 10 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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) (STATE OR COUNTRY): Highland Co Mo

FATHER
13. NAME: James Pruitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Nancy Pruitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Alvin L Wright Brunsburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bible Grove DATE: Dec 12 1939

19. UNDERTAKER (ADDRESS): Curtis Burkett Humphrey Mo

20. FILED: April 17 1940 Mrs T A Laye Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Dec 11 1939
I last saw him alive on Dec 11 1939. Death is said to have occurred on the date stated above, at 5:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

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) L V Weatherly, M. D.
(Address) Memphis Mo

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.

Greensburg Mo

Do not write below this line

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

1. PLACE OF DEATH

(a) County _____ Birth Registration No. _____

(b) Town (Ward) _____ Place of Death (Hospital or Institution) _____

(c) City _____ (d) Street No. _____

(e) Usual residence (Institution: Residence before admission) _____ (f) Usual place of abode (Institution: Residence before admission) _____

2. CHILD BORN _____

3. CERTIFICATE NO. _____

PERSONAL AND STATISTICAL PARTICULARS

4. NAME _____ 5. COLOR OR RACE _____ 6. DATE OF BIRTH (Month, Day, Year) _____

7. SEX _____ 8. MARITAL STATUS (Married, Widowed, Divorced, Single) _____

9. OCCUPATION (Kind of work done during most of working life) _____

10. INDUSTRY (Kind of business or establishment in which employed) _____

11. NATIVITY (Country of birth) _____ 12. CITIZEN OF (Country) _____

13. FATHER'S NAME _____ 14. MOTHER'S NAME _____ 15. BIRTHPLACE OF PARENTS (Country) _____

16. MARRIED, WIDOWED, OR DIVORCED _____

17. DATE OF DEATH (Month, Day, Year) _____

18. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM _____ TO _____ AND LAST SAW HIM ALIVE ON _____ DEATH OCCURRED AT _____ M. FROM THE CAUSES STATED BELOW.

19. CAUSE OF DEATH (Enter only one cause on each line) _____

(a) _____

(b) _____

(c) _____

(d) _____

20. CONTRIBUTORY (Secondary) CAUSES _____

21. WAS OPERATION PERFORMED? _____ 22. DATE OF OPERATION _____

23. WAS AUTOPSY MADE? _____ 24. WERE ANY OTHER PHYSICIANS CONSULTED? _____

25. DATE OF DEATH _____ 26. PLACE OF DEATH _____

27. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM _____ TO _____ AND LAST SAW HIM ALIVE ON _____ DEATH OCCURRED AT _____ M. FROM THE CAUSES STATED BELOW.

28. CAUSE OF DEATH (Enter only one cause on each line) _____

(a) _____

(b) _____

(c) _____

(d) _____

29. CONTRIBUTORY (Secondary) CAUSES _____

30. WAS OPERATION PERFORMED? _____ 31. DATE OF OPERATION _____

32. WAS AUTOPSY MADE? _____ 33. WERE ANY OTHER PHYSICIANS CONSULTED? _____

34. DATE OF DEATH _____ 35. PLACE OF DEATH _____

36. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM _____ TO _____ AND LAST SAW HIM ALIVE ON _____ DEATH OCCURRED AT _____ M. FROM THE CAUSES STATED BELOW.

37. CAUSE OF DEATH (Enter only one cause on each line) _____

(a) _____

(b) _____

(c) _____

(d) _____

38. CONTRIBUTORY (Secondary) CAUSES _____

39. WAS OPERATION PERFORMED? _____ 40. DATE OF OPERATION _____

41. WAS AUTOPSY MADE? _____ 42. WERE ANY OTHER PHYSICIANS CONSULTED? _____