

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

Do not use this space.

15454

1. PLACE OF DEATH

County Pettis
Township Adalia Mo-
City Adalia Mo-

Registration District No. 668
Primary Registration District No. 3032
(No. Bohwell Memorial Hospital)

File No. 171
Registered No. 171
St. Adalia Ward 1

2. FULL NAME

(a) Residence, No. Brantonville Mo- St. Adalia Ward 1
(Usual place of abode)

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 Keith Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 1922

7. AGE YEARS 18 MONTHS 8 DAYS 19 If LESS than 1 day, hrs. or min.

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

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) Warrensburg Mo
(STATE OR COUNTRY)

13. NAME John Long

14. BIRTHPLACE (CITY OR TOWN) Kansas City Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Lea Ryan

16. BIRTHPLACE (CITY OR TOWN) Warsaw Mo
(STATE OR COUNTRY)

17. INFORMANT Mrs Lea Long
(ADDRESS) Edwards Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Avery Cem DATE 5/6/41

19. UNDERTAKER J. A. Lucker
(ADDRESS) Wheatland Mo

20. FILED 3-14- 19 41 Harvey Sneed
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 19 41

22. I HEREBY CERTIFY, That I attended deceased from May 4 19 41 to May 5 19 41
I last saw him alive on May 5th 19 41 Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Post Partium Eclampsia
(Acute Suppression of Urine)

Date of onset May 4th 1941

Other contributory causes of importance:

Post Partium Hemorrhage May 2nd 1941

Name of operation None Date of None
What test confirmed diagnosis? Fundus Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None See other side
Nature of injury

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

(Signed) Jno. B. Carlisle M.D. Adalia Mo
5/5/41 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

He was delivered around 3 PM by Dr. Joe Hunt of 100 years mo
of a stillborn fetus. He was large, vigorous, followed
and was not stopped until 12 PM May 4th 1941 - Patent
was brought to Portner Hospital - Decasia Mo - May 4th
1941 about 1.30 PM. Died 4.30 AM - May 5th 1941

John B. Pauline M.D.
May 5th 1941 —

I certify that I embalmed the body
of Laura Francis Wright
Signed -

J. R. Luckert
Le. 2988
Wheeler and me