SEP 24 1928

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

85

Do not use this space.

26451

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 1006

City St. Joseph (No. Noyes Hospital. St. Ward)

2. FULL NAME Agnes Wright.

(a) Residence. No. 12225 Angelique. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec.23,1860.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	7	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Louisville.
(STATE OR COUNTRY) Kentucky.

PARENTS

10. NAME OF FATHER John Patrick Whalen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *****
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Julia Shoughnessy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *****
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Wm.W.Hardesty.
(Address) 12225 Angelique.

15. FILED AUG 22 1928 19 John G. Wz REGISTRAR 88.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August.20 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1928, to Aug 20, 1928, that I last saw her alive on Aug 20, 1928, and that death occurred, on the date stated above, at 1-50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
7401
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at her home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Find + Lab
(Signed) E. M. Shores, M. D
Aug.21, 1928 (Address) Kirkpatrick Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Ashland Cemetary	Aug.23 1928
20. UNDERTAKER	**ADDRESS**
H.O.Sidenfaden	1802 Union

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.

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