

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

Do not use this space.

19179

1. PLACE OF DEATH

County Linn Registration District No. 318

Township Springfield Primary Registration District No. 2001

City Springfield (No. Springfield Hospital) St. _____ Ward)

File No. _____

Registered No. 483

2. FULL NAME

(a) Residence. No. Exeter, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W A Wright

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1st 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>25</u>	<u>9</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Universal Springs, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER W. L. Eames

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

12. MAIDEN NAME OF MOTHER Sarah E. Coffey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Paris, Mo
(STATE OR COUNTRY)

14. INFORMANT W. A. Wright
(Address) Exeter, Mo

15. FILED 627 1930 Lora Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/21 1930, to 6/21 1930 that I last saw h. alive on 6/21 1930, and that death occurred, on the date stated above, at 3:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1399 Pneumonia
127
106 (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Pilori Abscess
non tubercular (duration) yrs. 1 (mos.) ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Exeter, Mo

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/20/30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) C. W. Burwell M. D.

6/23, 1930 (Address) Springfield, Mo

*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.

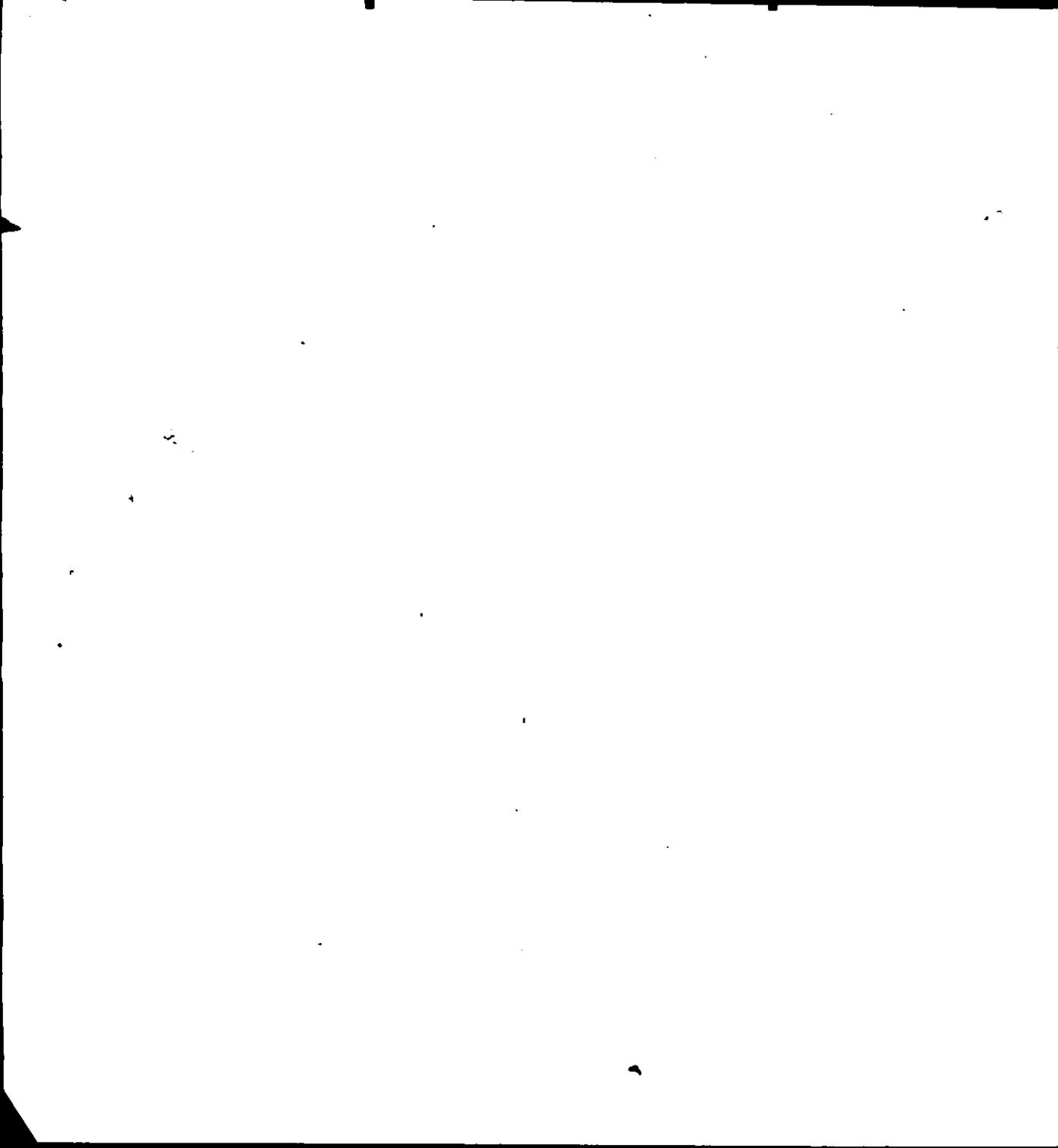
19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Ennis Cemetery DATE OF BURIAL 6/27/1930

20. UNDERTAKER

Horine Furniture & Funeral Service ADDRESS Paris, 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.



Requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Mrs Lavan Wright

Who died at: Springfield Mo, June 21, 1930

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) 126

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Peritonitis

Contributory: now purulent Pelvic Abscess

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

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