SEP 22 1930

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

Do not use this space.

85

25954

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 940

City St. Joseph, (No. 1816 1/2 Jones, St. Ward)

2. FULL NAME Ada B. Wright,

(a) Residence. No. 1816 1/2 Jones, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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	Divorced,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	58	1	6	

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

9. BIRTHPLACE (CITY OR TOWN) Parksville,
(STATE OR COUNTRY) Kentucky,

PARENTS

10. NAME OF FATHER John Daugherty,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Frances Daugherty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs. A. J. Bolton
(Address) 1816 1/2 Jones Street.

15. FILED AUG 19 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 18. 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930 to Aug 18, 1930 that I last saw her alive on Aug 18, 1930 and that death occurred, on the date stated above, at 1.15 p.m.

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

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John J. [illegible] M. D.
Aug 18, 1930 (Address) [illegible]

*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
Mount Mora Cemetery	Aug. 20, 1930
20. UNDERTAKER	**ADDRESS**
Weaton-McGoldrick-Bowman Funeral Home	319 S. 10 St.

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.