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

Do not use this space.

1. PLACE OF DEATH County: Boone — Registration District No.: 71 — File No.: 23179
Township: Cedar — Primary Registration District No.: 3710A — Registered No.: 21
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Rebecca Wright
(a) Residence, No. Englewood St., Mo. 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: F. — 4. COLOR OR RACE: W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-28-1845

7. AGE: Years 88 — Months 10 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Hiram Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Sallie Vaughn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs. Katie Hanshaw, Ashland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dry Fork — DATE: 7-20-34

19. UNDERTAKER (ADDRESS): Pogue F.C. W.H. Claudevitz, Columbia, Mo.

20. FILED: July 20, 1934 — A. L. Nichols, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-19-, 1934

22. I HEREBY CERTIFY That I attended deceased from July 1, 1934 to July 19, 1934
I last saw h. alive on July 11, 1934. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
(71)	

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? Clinical — 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) H. B. Tryon, M. D.
(Address) Ashland Mo.

AUG 18 1934

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33