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.

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

JAN 16 1936

Do not use this space.

896

1. PLACE OF DEATH

County Greene, Registration District No. 316 File No.

Township Boone Primary Registration District No. 5430 Registered No.

City Ash Grove (No. , St. Ward)

2. FULL NAME Amanda Wright,

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10/13/1849

7. AGE: Years 86 — Months 2 — Days 20 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shepherdsville, Ky. Buillitt, Co.

PARENTS

10. NAME OF FATHER: Anderson Rouse,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky (?)

12. MAIDEN NAME OF MOTHER: Nancy Dacon,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT (Address): Mrs. Irene H. Wilson, Ash Grove, Mo.

15. FILED 1/3, 1936 Mrs Leonard Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/3/1936, 19

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Dec, 1935 that I last saw her alive on Dec 31, 1935, and that death occurred, on the date stated above, at 12:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cardio Renal degeneration

Y Hypertension (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF none

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Charles H McHaffie M. D.

1-3-, 1936 (Address) Ash Grove, Missouri.

*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: Iconium, Mo.

DATE OF BURIAL: 1/4/36 19

20. UNDERTAKER: A. Galbraith, Ash Grove, Mo

ADDRESS