

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

11297
Do not use this space.

REC'D APR 20 1938

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township W. Vernon Primary Registration District No. 1093
 (c) City W. Vernon Mo. (d) Street No. Missouri State Van Registered No. 36
 (e) Length of residence in city or town where death occurred 1 yrs. 17 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. Wander Wright 623 St. Waverly, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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>Single</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 28, 1912</u>			
7. AGE		YEARS <u>26</u>	MONTHS <u>1</u>
		DAYS <u>1</u>	
		If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Teacher</u>		
	9. Industry or business in which work was done, as saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 1937</u>		
		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Muskogee Okla.</u>			
FATHER	13. NAME <u>Lawrence W. Wright</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waverly Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Dora May Cox</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waverly Mo.</u>		
17. INFORMANT (ADDRESS) <u>Em. Michael Rice Clark Mo. State Sanatorium</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Waverly Cem.</u> DATE <u>3/31 38</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Lesley F. J. Horn Wheatland Mo.</u>			
20. FILED <u>March 29, 1938</u> <u>P. A. Holmes</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 13 1937, to Mar 29 1938
 I last saw her alive on Mar 29 1938. Death is said to have occurred on the date stated above, at 3:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset Feb. 1934

Other contributory causes of importance: 230'

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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? No.
 If so, specify.....
 (Signed) J. M. Vernon, M. D.
 (Address) W. Vernon, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

JR Luckey

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

JR Luckey

Licensed Embalmer No.

2982

P. O. Address

Wheatland, Vt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.