

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.

JAN 20 1938

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

44141
Do not use this space.

1. PLACE OF DEATH
 (a) County Pike Registration District No. 687
 (b) Township Prairieville Primary Registration District No. 4411
 (c) City Eolia - Mo (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Florence Wright
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2nd 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 3 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unable to
 9. Industry or business in which work was done, as saw mill, bank, etc. do any work
 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) Pike Co. Mo

FATHER
 13. NAME Alfred C. Burks
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME Mary Penny
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M.S.

17. INFORMANT (ADDRESS) Roxie Wright
Eolia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eolia Cemetery DATE Dec. 22nd 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gooch Hardware Co.
Eolia - Mo

20. FILED DEC. 21st 1938, B. M. Gooch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from Dec. 20 1938 to Dec. 21 1938
 I last saw her alive on Dec. 20 1938 Death is said to have occurred on the date stated above, at 1 A. m.
 The principal cause of death and related causes of importance were as follows:

| | |
|----------------------------|------------------------------------|
| <u>Bronchial Pneumonia</u> | Date of onset <u>12-19 1938</u> |
| <u>Influenza</u> | <u>12-12 1938</u> |

Other contributory causes of importance: flu

Name of operation None Date of _____
 What test confirmed diagnosis? None 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? No
 If so, specify _____
 (Signed) Donald E. Hazzard, M. D.
 (Address) Eolia, Mo

RECEIVED

District Health Officer No. 10

District File Number LA-28-942

Date Filed 1/2/39

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.