

DEC'D FEB 24 1939

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

2984

Do not use this space.

1. PLACE OF DEATH

(a) County Macon / Registration District No. 533
(b) Township Waltham / Primary Registration District No. 3027 Registered No. 1
(c) City Macon / (d) Street No. Samaritan Hospital St.
(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

(a) Residence, No. 623 Allice B Wright St. (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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Edward Wright
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 30 1860
7. AGE YEARS 78 MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo

FATHER 13. NAME Joseph Beard 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER 15. MAIDEN NAME Louisa Baird Vance 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Robt Wright (ADDRESS) Macon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leonard Cemetery DATE Jan 5 1939

19. FUNERAL DIRECTOR E.P. Thompson (ADDRESS) Shelbyville Mo.

20. FILED 1/3 1939 Beata Venton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1938, to 1-3, 1939.
I last saw h. W alive on 1-3, 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular Disease
Date of onset 1 or more years

Other contributory causes of importance: Terminal Broncho pneumonia 12-25-38

Name of operation Clinical Date of NO
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 NO, 19NO

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 NO

(Signed) J.P. Hanaway, M. D.
Macon Mo

(Address) Macon Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-120

Date Filed FEB 8 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)