

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

*Peace*

**26317**  
Do not use this space.

**AUG 10 1939**

1. PLACE OF DEATH  
 (a) County New Madrid 2 Registration District No. 603  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4357 Registered No. \_\_\_\_\_  
 (c) City Morehouse, Mo! (d) Street No. \_\_\_\_\_ 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 623 Rittie Wriget  
 (a) Residence, No. Morehouse, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Callt. Wriget

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>82</u>	<u>4</u>	<u>13</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work

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) Ohio County, Mo.

FATHER

13. NAME Bill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Egna Wriget  
Morehouse, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City cemetery  
Morehouse, Mo. DATE July 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Orden Elliot  
Morehouse, Mo.

20. FILED 7-28, 1939 Med. John Parrish Local Registrar. 531

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1939

22. I HEREBY CERTIFY, that I attended deceased from 7-19, 1939, to 7-26, 1939  
 I last saw her alive on 7-26, 1939. Death is said to have occurred on the date stated above, at 5:10 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis Date of onset 1914  
Endo-Carditis 10 yrs.

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? None Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? None  
 (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) G. F. Peace, M. D.  
Morehouse, 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.

RECEIVED

District Health Officer No. 2

District File Number 839-133

Date Filed 8-9

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, on July 26

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

Signed Adrian Ellaine

Licensed Embalmer No. 3869

P. O. Address St. Keston, Va.

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.