

MAY 13 1940

Registration District No. 104

Primary Registration District No. 5151

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town McCredie, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days 622

3. (a) PRINT FULL NAME REBECCA HADEN WRIGHT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Paul M. Wright 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8-7-1848  
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
12. Name Turner R. Haden  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Sally Ann Lloyd  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. O. Smith  
(b) Address McCredie, Mo.

17. (a) Burial (b) Date thereof 4-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Columbia Cem.

18. (a) Signature of general director Carrara  
(b) Address Columbia, Mo.

19. (a) Apr. 19, 1940 (b) R. N. Drews  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town McCredie  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10  
year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 22-40  
\_\_\_\_\_ 19\_\_\_\_ to Apr. 15 \_\_\_\_\_ 19\_\_\_\_  
that I last saw her alive on Apr. 9/40 \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date and hour stated above.  
Immediate cause of death Subacute gastritis Duration \_\_\_\_\_  
Senile infirmities.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

106  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. H. Barry (M. D. or other) \_\_\_\_\_  
Address Columbia Mo. Date signed 4-18-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER



MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14490

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 104

Primary Registration District No. 5151

Registrar's No. 114

1. PLACE OF DEATH

(a) County Callaway  
(b) City or town MacCredie T.P.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.  
(c) City or town.  
(If outside city or town limits write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U.S.A.? years.

3. (a) PRINT FULL NAME

Rebecca Haden Wright

MEDICAL CERTIFICATION

3. (b) If veteran, name war. 3. (c) Social Security No.

20. DATE OF DEATH. Month 4 day 15 year 1940 hour minute M.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married divorced wid

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year

Immediate cause of death Sub acute Gastritis Acute Infarction

7. Birth date of deceased. (Month) (Day) (Year)

Due to: Sub acute Gastritis due to Hyperacidity of stomach. There was no enteritis, or any entestinal trouble.

8. AGE: Years 91 Months 8 Days 8 If less than one day h min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace. (City, town, or county) (State or foreign country)

118C

10. Usual occupation.

Major findings: Of operations

11. Industry or business.

Of autopsy

12. Name.

PHYSICIAN

13. Birthplace. (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name. (City, town, or county) (State or foreign country)

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant. (b) Address.

17. (a) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director. (b) Address.

19. (a) (b) (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).  
(b) Date of occurrence.  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature J.W. Carver (M. D. or other) Address Columbia Mo Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

ROWEN VICE

SUPPLEMENTAL

S-14490