

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

1 PLACE OF DEATH

County Merced
Township Washington Registration District No. 554 File No. 25293
Village Princeton Primary Registration District No. 5747 Registered No. 6
City Princeton (No. Bldg. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eloja Tuttle Wright

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Dec 24 1855
(Month) (Day) (Year)

7 AGE 59 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business or establishment in which employed (or employer) Cold & Damp, Whooping Cough

9 BIRTHPLACE (City or town, State or foreign country) Ohio

10 NAME OF FATHER Jimmie Wright

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio

12 MAIDEN NAME OF MOTHER Mary Gleason

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarence Wright
(Address) Princeton, Mo

15 Filed Aug 23 1915 H. W. Cyles Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 7th 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 15th 1915 to July 6th 1915 that I last saw him alive on July 6th 1915 and that death occurred, on the date stated above, at 6:30 A.M.

18 CAUSE OF DEATH* was as follows:
Chronic Parenchymatous Nephritis
Contributory - Inherited Tenderness
Cold & Damp, Whooping Cough
(Duration) 3 yrs. 2 mos. 2 ds.

19 CONTRIBUTORY (Secondary) Cardiac Hypertrophy
(Duration) yrs. mos. ds.

(Signed) O. E. Johnson 1915
July 9th 1915 (Address) Princeton, Mo

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Princeton Cemetery DATE OF BURIAL July 8 1915

20 UNDERTAKER Frank Pixler ADDRESS Princeton, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.