

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

Do not use this space.  
**17632**

N. P.—Every item of information should be carefully supplied. AGE, sex, and date of death 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.

**JUL 25 1927**

1. PLACE OF DEATH  
 County Buchanan Registration District No. 86 File No. \_\_\_\_\_  
 Township Wayne Primary Registration District No. 5128 Registered No. 28  
 City St. Joseph, Mo. (No. Wayne Township, Buchanan Co., Mo. Ward)

2. FULL NAME Tom Wright  
 (a) Residence No. 424 Kemper Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lois Wright

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 1, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>6</u>	<u>12</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Merchant 206  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Denver,  
 (STATE OR COUNTRY) Missouri.

10. NAME OF FATHER A. C. Wright

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Alice Wilson,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Virginia.

14. INFORMANT Mrs. T. Wright,  
 (Address) 424 Kemper Street

15. FILED 6-15-27 J. J. Gansbach  
 19\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13, 1927

17. I HEREBY CERTIFY, That I deceased deceased from \_\_\_\_\_  
June 13, 1927, to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that  
 death occurred, on the date stated above, at \_\_\_\_\_ 1:15 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Traumatic. Neck was broken when RR train struck car in which he was riding  
accident  
 CONTRIBUTORY (SECONDARY)  
passenger of Pullman car crossing on Memorial Highway 3 miles out of city limits.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes  
 WHO TEST CONFIRMED DIAGNOSIS? Post Mortem perhaps  
 (Signed) Dr. Wm. Coranahy M. D.  
6-15-27 Address St. Joseph Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL June 17 1927  
 20. UNDERTAKER Fleeman - Farris ADDRESS 1208 Francis

