

MAR 21 1928

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

Do not use this space.

6011

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
Township Sugar Creek Primary Registration District No. 3034 Registered No. 39
City Moberly (No. _____) St. _____ (Ward _____)

2. FULL NAME

Charley Johnson Wright
(a) Residence No. _____ St. _____ Ward Jacksonville R.T.D. Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Ada Wright.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
44 1 9

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

9. BIRTHPLACE (CITY OR TOWN) Randolph
(STATE OR COUNTRY) County Mo.

10. NAME OF FATHER George Wright.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Randolph County

12. MAIDEN NAME OF MOTHER Elb. Price

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Randolph County

14. INFORMANT Mrs. Ada Wright.
(Address) Jacksonville Mo.

15. FILED 2/25 1928 Thos. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1928, to Feb. 20 1928, that I last saw him alive on Feb. 20 1928, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
peritonitis
12:10
12:9 (duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) Ruptured appendix.
(duration) yrs. mos. 8 da.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/15-28
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
2/25 (Signed) G. L. McCormick, M. D.
, 1928 (Address) Moberly 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 Hickory Grove DATE OF BURIAL Feb. 23 28

20. UNDERTAKER Andrew Mason ADDRESS Moberly

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.

