22 1928

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

Do not use this space.

29802

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1113
City St. Joseph, (No. St. Joseph's Hosp. St. Ward)

2. FULL NAME Richard Lee Wright
(a) Residence. No. 3118 Seneca St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. 22 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept, 1, 1928

7. AGE: Years 0 — Months 0 — Days 22 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

PARENTS
10. NAME OF FATHER Harry L. Wright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Holden, Mo.
12. MAIDEN NAME OF MOTHER Helen M. Daily
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co, Mo.

14. INFORMANT Harry L. Wright
(Address) 3118 Seneca St.

15. FILED SEP 24 1928, 19 John G. Fitz REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept, 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 22, 1928 that I last saw him alive on Sept 22, 1928, and that death occurred, on the date stated above, at 12.50 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Dil. of heart.
157C
95B
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pat. For. avals
(duration) yrs. mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3118 Seneca
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Mark L. Harrigan, M. D
Sept. 23, 1928 (Address) Kirkpatrick Bldg. 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 Cemetery
DATE OF BURIAL: Sept, 24, 1928

20. UNDERTAKER: Walter Meinhoffer
ADDRESS: 1302 Faraon St.

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.