

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

Do not use this space.

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WHITE PAPER, WITH FADING 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.

1. PLACE OF DEATH
 County Greene Registration District No. 918
 Township Springfield Primary Registration District No. 2007
 City Springfield (No.) St. Ward

2. FULL NAME Joseph N. Wright
 (a) Residence, No. 465 S. Robberson St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 491
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13 - 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 | 7 | 14 | = min.

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

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

10. NAME OF FATHER Joe Wright

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

12. MAIDEN NAME OF MOTHER Mary Duke

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

14. INFORMANT Mary Wright
 (Address) Springfield Mo

15. FILED 24, 1929 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27, 19 29

17. I HEREBY CERTIFY, That I attended deceased from Apr. 29, 19 29 to June 27, 19 29 that I last saw him alive on June 27, 19 29 and that death occurred, on the date stated above, at 6 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Urinal Insufficiency
92-A

CONTRIBUTORY (SECONDARY) POW
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED do not know
 IF NOT AT PLACE OF DEATH, at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF June 27, 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. A. Cowan, M.D.
6-30, 1929 (Address) 222 E. Com'l st, Spring-

*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 DATE OF BURIAL
Hazelwood Cem June 30 19 29

20. UNDERTAKER ADDRESS
McCampbell 862 Wash

PARENTS

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