

JUN 27 1930

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

Do not use this space.

12613667

1. PLACE OF DEATH

County Randolph Registration District No. 733
Township Salt Spring Primary Registration District No. 5965
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME Henry Hardin Wright

(a) Residence No. Huntsville R.F.D. 3 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.

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) Nancy B. Wright
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8, 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 10 17
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 County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Henry Wright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Martha S. Minor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Nancy B. Wright
(Address) Huntsville R.F.D. 3

15. May 15, 1930 G. G. Bragg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1930
17. I HEREBY CERTIFY, That I attended, deceased from April 25 AM 1930 to April 25 PM 3:30
that I last saw her alive on April 25, 1930, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
8 1/2 hrs
102 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____

WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) N. W. Carpenter M. D.
, 19 (Address) Huntsville 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 Oak-horn Cem. Moberly DATE OF BURIAL Apr 27 1930

20. UNDERTAKER Andrew Minor Moberly Mo
ADDRESS _____

WHITE PLAIN, 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.

