

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

Do not use this space.

15744

1. PLACE OF DEATH
 County Wekab. Registration District No. 4161
 Township Roll Primary Registration District No. 267
 City Union Star (No.) St. Ward

2. FULL NAME Oliver Wright
 (a) Residence. No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 27 yrs. 2 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 Ida D. Wright
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25 - 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
73 5 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Gen. Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer

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

10. NAME OF FATHER John H. Wright
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lancette
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Martha Thomas
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Emmence
 (STATE OR COUNTRY)

14. INFORMANT Charlotte M. Wright
 (Address) 1202 Corby Bldg. St. Joseph Mo

15. FILED 5/12/30 E. H. Reynolds
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1930
 17. I HEREBY CERTIFY, That I attended deceased from May 8, 1930, to May 11, 1930, that I last saw him alive on May 9, 1930, and that death occurred, on the date stated above, at 9:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
(w/ apoplexy)
 (duration) ... yrs. ... mos. 4 ds.
 CONTRIBUTORY birds arthritis deformans
 (SECONDARY) (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED 1401
 IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF ...
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Prof. & stroke
 (Signed) A. O. Varner, M. D.

5/12, 1930 (Address) Union Star 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 Union Star Cemetery DATE OF BURIAL 5/13 - 1930

20. UNDERTAKER J. H. ... ADDRESS ... City

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.

RECORD

