

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

Do not use this space.

36721

1. PLACE OF DEATH

82 County Pike Registration District No. 690
Township Startford Primary Registration District No. 5918
City (No.) St. Ward (No.)

File No.
Registered No. 5
St. Ward (No.)

2. FULL NAME

Andrew Jackson Wright

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1855
7. AGE YEARS 77 MONTHS 4 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.

FATHER 13. NAME Charles Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER 15. MAIDEN NAME Elizabeth Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

17. INFORMANT Mrs. A. J. Wright
(ADDRESS) St. Startford, Mo.

18. BURIAL, CREMATION, OR REMOVAL Grandfather Cemetery DATE 11-3-32

19. UNDERTAKER Grace Babinchad
(ADDRESS) Lawrence Green 7700

20. FILED Nov-4 1932 S. Clyde Craig
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to Nov 2, 1932
I last saw him alive on Oct 25, 1932 Death is said

to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy
132 1/2
82 1/2
Other contributory causes of importance: 1
High blood pressure
arteriosclerosis

Date of onset June 32

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Matthews, M. D.
(Address) 3 Bowling Green Mo

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.

NOV 28 1932

