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.

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

Do not use this space.

42017

JAN 14 1935

1. PLACE OF DEATH

County Buchanan — Registration District No. 35 — File No.

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph, Mo. (No. Florence, R.R. Crossing St. Ward)

2. FULL NAME William Walter Wright

(a) Residence, No. 422 North 7th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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: Elizabeth Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 12, 1878

7. AGE: YEARS 56 — MONTHS 7 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Engineer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington Rail-Road.
10. Date deceased last worked at this occupation (month and year) Dec. 9, 1934
11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Creston, Iowa

FATHER

13. NAME: William Walter Wright Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa.

MOTHER

15. MAIDEN NAME: Nettie Shoemaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa.

17. INFORMANT (ADDRESS): Elizabeth Wright 422 N. 7th. St.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem.
PLACE St. Joseph, Mo. DATE Dec. 12 1934

19. UNDERTAKER (ADDRESS): H.O. Sidenfaden 1802 Union St.--- St. Joseph, Mo.

20. FILED 12-11-1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1934

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ m Dec. 10, 1934, to ....., 19....

I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 2:00A m.

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

Fractured Skull & crushed chest

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Date of onset

Other contributory causes of importance:

Struck by train (passenger)

Name of operation none Date of

What test confirmed diagnosis? Phy Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/10, 1934

Where did injury occur? St. Joseph Mo (Specify city or town, county, and State)

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

Manner of injury Struck by train while walking

Nature of injury Fractured Skull (crushed chest)

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Forrest Thomas Coroner, M.D.

(Address) 731 Faaron