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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 14 1935

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

Do not use this space.

44579

File No.

Registered No. 11687

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. XV #3

City St. Louis Mo. (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Dennis Wright

(a) Residence, No. 315 - Sidney St., St. 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st 1873

7. AGE: YEARS 61 | MONTHS 6 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Tenn.

FATHER

13. NAME George Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Elizabeth Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 - Lawton

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Dickson Tenn DATE 12-11 1934

19. UNDERTAKER (ADDRESS) Gamer & Love 3103 Washington

20. FILED DEC 10 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-16-, 1934, to 12-6-, 1934

I last saw him alive on 12-6-, 1934. Death is said to have occurred on the date stated above, at 3:50 A m.

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

Carcinoma of Pancreas — Date of onset 11/16/34

U.S.P. Malignant

U.S.D.

Other contributory causes of importance:

Acute Myocardial failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

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) Russell Smith M.D.

(Address) 2945 - Lawton Blvd.