

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

Do not use this space.

FEB 20 1935

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**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township King Hill Primary Registration District No. 1501  
 City St. Joseph (No. 5218) St. King Hill (Ward)

**2. FULL NAME**

Ruth Anna Wright  
 (a) Residence, No. 218 King Hill St. King Hill (If nonresident, give city or town and State)  
 (Usual place of abode) St. Joe

Length of residence in city or town where death occurred 5 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WIDOWED</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 18 - 1935</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>3</u>	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.	
	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) <u>St. Joseph, Mo.</u>		
FATHER	13. NAME <u>Warner S. Wright</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co.</u>	
MOTHER	15. MAIDEN NAME <u>Rozel Lucile Taylor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co.</u>	
17. INFORMANT (ADDRESS) <u>Warner S. Wright, 5218 King Hill - St. Joseph</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unkath Cem.</u> DATE <u>1-23-35</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Sullivan, 1001</u>		
20. FILED <u>125</u> 19 <u>35</u> <u>John R. Bludus</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1935, to Jan. 21, 1935  
 I last saw h. alive on Jan. 21, 1935 Death is said to have occurred on the date stated above, at 9:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Morbus Cerebralis (Blue Baby) Date of onset 1/19/35

Other contributory causes of importance:  
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Name of operation none Date of             
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No  
 If so, specify             
 (Signed) Gordon DeSight M. D.  
 (Address) 844 Co. 19th St. St. Joseph, 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.

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