AUG 12 1935

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

Do not use this space.

22193

85

**1. PLACE OF DEATH**

County: Buchanan

Registration District No.: 1001

File No.:

Township:

Primary Registration District No.:

Registered No.: 747

City: St. Joseph, (No. 16. Riverview Place. St. Ward)

**2. FULL NAME** James F. Wright

(a) Residence, No. 16 Riverview Place. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20, 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 45 | 6 | 24 | |

**OCCUPATION**

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

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): Jan. 1935

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

**FATHER**

13. NAME: George Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): London, Eng.

**MOTHER**

15. MAIDEN NAME: Dora Burgess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berlin, Germany.

17. INFORMANT (ADDRESS): Mrs. Nellie Wright, 16 Riverview Place.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: July. 17, 1935

19. UNDERTAKER (ADDRESS): Walter Meinhofer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: 7-17-1935 John R. Benedict, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July, 14, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1935, to July 14, 1935

I last saw him alive on July 13, 1935. Death is said to have occurred on the date stated above, at 9:05 P.m.

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

| | Date of onset |
|---|---|
| Perforated Duodenal Ulcer | |

Other contributory causes of importance:

Secondary Anemia

Name of operation: Date of:

What test confirmed diagnosis? 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? No

If so, specify:

(Signed) D. Henry Kemp, M. D.

(Address) 209-10 Kirkpatrick Bldg. St. Joseph, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD