Cartwright

MAR 18 1936

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

Do not use this space.

5461

File No.

Registered No. 114

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 2001

City: Springfield, Mo. (No. Springfield Hospital St. Ward)

2. FULL NAME: Woodland Wright

(a) Residence, No. 819 S Lexington Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5 1915

7. AGE: Years 20 Months 7 Days 6 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): Marmaduke Arkansas

FATHER

13. NAME: Dee H. Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Arkansas

MOTHER

15. MAIDEN NAME: Alice Wallard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

17. INFORMANT (ADDRESS): Dee H. Wright Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Hazelwood DATE: Feb 12, 1936

19. UNDERTAKER (ADDRESS): Fred C. Thieme Springfield, Mo

20. FILED: 2-12, 1936 Ralph W. Faughton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1935 to Feb 10, 1936

I last saw h... alive on Feb 10 1935 Death is said to have occurred on the date stated above, at 12 PM.

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

	Date of onset
2nd & 3rd degree Burns of Both legs & Buttocks	
Uremia	
Other contributory causes of importance:	
Residual Rt side Paralysis of Infantile Paralysis	

Name of operation: None Date of

What test confirmed diagnosis? 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 1/4, 1936

Where did injury occur? at home (Specify city or town, county, and State)

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

Manner of injury: clothing caught on fire while playing in yard when grass was burning

Nature of injury: clothing caught on fire

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

If so, specify

(Signed) Roy J. Carrington M. D.

(Address) 2114 S. Jefferson

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