

FEB 17 1937

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

Do not use this space.

2118

1. PLACE OF DEATH

County Livingston
Township Wheling
City Wheling No. 20

Registration District No. 516
Primary Registration District No. 5682

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wheling St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1937

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

22. I HEREBY CERTIFY That I attended deceased from Feb 25, 1936, to Jan 31, 1937.

I last saw him alive on Jan 31, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 16 1856

to have occurred on the date stated above, at 11:45 P.M.

7. AGE YEARS 80 MONTHS 4 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Chronic Nephritis Jan 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - 262

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

Other contributory causes of importance Age

12. BIRTHPLACE (CITY OR TOWN) Madge, County (STATE OR COUNTRY) Kentucky

13. NAME William Wright

Name of operation no Date of _____

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

What test confirmed diagnosis? clinical Was there an autopsy? no

15. MAIDEN NAME Lucy Webb

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

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

17. INFORMANT Mrs J.P. Wright (ADDRESS) Wheling Mo

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheling Mo DATE FEB 1937

Manner of injury ✓

19. UNDERTAKER Smiley FUNERAL HOME (ADDRESS) WHEELING MO

Nature of injury _____

20. FILED _____ 19____ Registrar V

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

If so, specify _____

(Signed) W. H. Smith M. D.

(Address) Wheling Mo

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County Lumpkin
Township Wheeling
City (No.) (No.) Ward)

Registration District No. 516
Primary Registration District No. 5682

File No.
Registered No. 2

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

John Richard Wright

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 4 14

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)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 2/2 1937 was more Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw alive on, 19..... Death is said to have occurred on the date stated above, at m.

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

Date of onset
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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), M. D.
(Address)

S-2118