

MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene  
Township Benton  
City Warrensburg (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

Registration District No. 328  
Primary Registration District No. 3017

File No. 16412  
Registered No. \_\_\_\_\_

2. FULL NAME Mr. James Buchanan Wright

(a) Residence, No. 312 E. 9<sup>th</sup> Court St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed - Mrs Emma Gillilan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
80 8 18

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

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) 3-20-37 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Xenia, Greene County Ohio (STATE OR COUNTRY)

13. NAME Albert Davis Wright

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

15. MAIDEN NAME Elizabeth Davis

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

17. INFORMANT Mrs J. Snyder (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Maconia, Greene County DATE 4-22-37

19. UNDERTAKER Harvey Funeral Home (ADDRESS) Benton, Mo.

20. FILED 4-22-37 Gene D. Fair Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19 Apr, 1937

22. I HEREBY CERTIFY, That I attended deceased from 20 mch, 1937, to 19 Apr, 1937

I last saw him alive on 19 Apr, 1937. Death is said to have occurred on the date stated above, at 8:29 a.m.

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

Coronary Thrombosis  
Arterio Sclerosis  
general  
years

Date of onset 20 mch  
37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Phys findings Was there an autopsy? no

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

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) E. A. Duffy M. D.  
(Address) Warrensburg, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

