

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

Do not use this space.

**JUN 28 1937**

1. PLACE OF DEATH  
 83 County Randolph Registration District No. 135  
 6 Township ..... Primary Registration District No. 3034  
 4 City Mahesh mo (No. 8) ..... St. .... Ward .....  
 2. FULL NAME John Robert Wright  
 (a) Residence, No. 1216 Vanhook St. .... Ward. ....  
 (Usual place of abode) ..... (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 21076  
 Registered No. 132

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 15th Nov. 1933  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
3 5 23

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) Mahesh mo  
 (STATE OR COUNTRY) .....

MOTHER FATHER  
 13. NAME Edward Wright

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

15. MAIDEN NAME Jewell Halliday

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

17. INFORMANT 1216 Vanhook st (brother)  
 (ADDRESS) Mahesh mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Oakland Cemetery DATE May-12-1937

19. UNDERTAKER Snow Funeral Home  
 (ADDRESS) Mahesh mo

20. FILED May 10 1937 Ethel Gletsch  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-9 1937  
 22. I HEREBY CERTIFY, That I attended deceased from May 8 1937 to May 9 1937  
 I last saw him alive on May 9 1937 Death is said to have occurred on the date stated above, at 2:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cholera Infantum Date of onset  
3  
 Other contributory causes of importance: 1200

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 H. D. Lueddon M. D.  
 (Signed) Mahesh mo  
 (Address) .....

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

