

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

OCT 20 1937

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

Do not use this space.

34206

1. PLACE OF DEATH
 County Geny Registration District No. 314
 Townshp. Stanberry Primary Registration District No. 4190
 City Stanberry (No. 2) St. 1 Ward 1

2. FULL NAME Harry Wilson Wright
 (a) Residence, No. Stanberry St. 1 Ward 1
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 48 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 Wht. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-24-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 28

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

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

10. Date deceased last worked at this occupation (month and year) 1-12-1936 11. Total time (years) spent in this occupation 48

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937 to Sept 23 1937
 I last saw him alive on Sept 23 1937 Death is said to have occurred on the date stated above, at 6:35 p.m.

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

Amylase Date of onset Sept 15

hypertension
arteriosclerosis

Other contributory causes of importance:
hypertension
arteriosclerosis

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilton Junction Iowa

13. NAME Wilson Wright

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

15. MAIDEN NAME Anna Wright

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

17. INFORMANT Cynthia Wright (ADDRESS) Stanberry Mo.

18. BURIAL, CREMATION OR REMOVAL
 PLACE Highridge DATE 9-25 1937

19. UNDERTAKER (ADDRESS) J. E. Johnsons
Stanberry Mo.

20. FILED Sept 24 1937 6:35 p.m.
 Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury Sept 23 1937
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify None

(Signed) A. J. Hinkley M. D.
 (Address) Stanberry Mo.

