

DEC 4 APR 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH11594
Do not use this space.

1. PLACE OF DEATH
 (a) County NEWTON Registration District No. 609
 (b) Township NEOSH0 Primary Registration District No. 4363
 (c) City NEOSH0 (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME SAMUEL WILSON WRIGHT 63
 (a) Residence, No. MULVINE, KANSAS St. (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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LUCINDA WRIGHT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 18, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as 7 FARMER,
 9. Industry or business in which work was done, as 7 farmer,
 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) WARREN CO - IOWA

FATHER
 13. NAME WM S WRIGHT
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

MOTHER
 15. MAIDEN NAME SARAH ANN MORGAN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

17. INFORMANT (ADDRESS) Mr. Olan Dalrymple
NEOSH0 MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MULVINE, KAN DATE 3-4-38

19. FUNERAL DIRECTOR (ADDRESS) THE BIGHAM MORTUARY
NEOSH0 MO

20. FILED 3-2-38 Olan Dalrymple
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-15-36, 19____, to _____, 19____
 I last saw him alive on 3-3-38, 19____. Death is said to have occurred on the date stated above, at 3:30 am.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset _____
right side
131
 Other contributory causes of importance:
Chronic interstitial
nephritis
Hypertension

Name of operation _____ 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? _____ 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? No
 If so, specify _____
 (Signed) Olan Dalrymple, M. D.
 (Address) Neosh0, Mo.

STATEMENT BY LICENSED EMBALMER

I, J. A. Byham, Licensed Embalmer No. 2689
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. A. Byham
..... L. E.
No. 2689 or by Registered Apprentice No.
working under my personal supervision.
Signed J. A. Byham
Licensed Embalmer No. 2689

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)