

REC'D MAY 13 1938

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

13903

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Co. Registration District No. 8
(b) Township Lincoln Primary Registration District No. 3211 Registered No. _____
(c) City St. Joseph (d) Street No. R.F.D. #2 St. Joseph, Mo. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

HARON - WRIGHT. 623
(a) Residence, No. R.F.D. #2 St. Joseph, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Effie Triplett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1866
7. AGE YEARS 71 MONTHS 5 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) about June 1935 11. Total time (years) spent in this occupation year
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
13. NAME Moses Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know
15. MAIDEN NAME Wacey Fouts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know
17. INFORMANT (ADDRESS) Mar. Effie Wright R.F.D. #2
18. BURIAL, CREMATION, OR REMOVAL S.O.D. Cem. Craig Mo. DATE Apr. 10 1938
19. FUNERAL DIRECTOR (ADDRESS) Stoney Funeral Home St. Joseph, Mo.
20. FILED Apr 9 1938 J.W. Holcomb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1938
22. I HEREBY CERTIFY, That I attended deceased from 3/30 1938 to 4/8 1938
I last saw him alive on 4/2 1938. Death is said to have occurred on the date stated above, at 9:50 p.m.
The principal cause of death and related causes of importance were as follows:
Hypertension
Stroke in Right
Subarachnoid
Apoplexy
Other contributory causes of importance: 82nd
Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? N.D.
If so, specify _____
(Signed) J. Stoney M. D.
(Address) 2624 St. Joseph Ave

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John Roy Stamey, Licensed Embalmer No. 2435
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Roy Stamey

2435 or by John H. Harley, L. E. Registered Apprentice No. 96
working under my personal supervision.

Signed John Roy Stamey
Licensed Embalmer No. 2435

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.)