

REC'D OCT 19 1938

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

31959

Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 174
 (b) Township Yellow Creek Primary Registration District No. 5241 Registered No. _____
 (c) City _____ (d) Street No. _____ 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 _____ mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Thomas Wright
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wedowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sara Noldge
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1861
 7. AGE YEARS 77 MONTHS 8 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. 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) Lincoln Co Mo
 FATHER 13. NAME Gideon Wright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunk Noid
 MOTHER 15. MAIDEN NAME Celia Harvey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo
 17. INFORMANT Mrs Harley Kumpner
 (ADDRESS) Marsden Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Boake Ceme DATE Sept 21 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gas McLaughlin
Marsden Mo
 20. FILED Sept 22 39 W Stratton
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 19 - 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1938, to Sept 19 1938
 I last saw him alive on Sept 19 1938. Death is said to have occurred on the date stated above, at 8:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis with
Cardio-renal compli-
cations and
obstruction
 Date of onset 3 yr
 Other contributory causes of importance
Mental unbalance
of senility
 Name of operation _____ 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? _____ 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 _____
 (Signed) V. G. Burt, M. D.
 (Address) Rothville, Mo.

RECEIVED
District Health Officer No. 8,
10/2/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James McLaughlin of by Dale Bunick
Registered Apprentice No. 149, working under my personal supervision.

Signed James McLaughlin
Licensed Embalmer No. 1274
P. O. Address Marquette

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.)

If this body is not embalmed, above space should be left blank.