

REC'D MAR 15 1939

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

5748

Do not use this space.

## 1. PLACE OF DEATH

(a) County ANDREW Registration District No. 11  
(b) Township JACKSON Primary Registration District No. 5015- 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ISAAC McCLELLAN WRIGHT.

(a) Residence, No. FARM FILLMORE MO. 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-23-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 8 26

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) ANDREW CO. MO (STATE OR COUNTRY)

13. NAME LEWIS WRIGHT

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN OHIO (STATE OR COUNTRY)

15. MAIDEN NAME MARTHA SHUNK

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY)

17. INFORMANT E. A. WRIGHT (ADDRESS) WADAWAY MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE FILLMORE MO. DATE 2-20-1939

19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SALAMANAH MO

20. FILED Feb 20, 1939 Mrs. Addie Barnes Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1939, to Feb 19, 1939

I last saw him alive on Feb 14, 1939. Death is said to have occurred on the date stated above, at 11 a.m.

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

1. Mitral Stenosis and Regurgitation with decompensation Date of onset \_\_\_\_\_

Other contributory causes of importance: 70Name of operation none 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) Gilbert B. Kelley, M.D.(Address) Salamanah, Mo.

RECEIVED

District Health Officer No. 11

District File Number 39 63

Date Filed MAR 9 1939

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed J. Fred Terhune  
Licensed Embalmer No. 1279

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.)