

REC'D JUN 19 1939

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

18904
Do not use this space.

1. PLACE OF DEATH

(a) County TASPER Registration District No. 411
(b) Township CALENA Primary Registration District No. 2002 Registered No. _____
(c) City JOPLIN or _____ (d) Street No. ST JOHNS HOSPITAL 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

ROBERT CHARLES WRIGHT
(a) Residence, No. MIAMI OKLA HOME St. Miami, Okla.
(Usual place of abode, if no street address, write county or city) (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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 20, 1902
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 6 22
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
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) (STATE OR COUNTRY) Missouri
FATHER 13. NAME John W. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
MOTHER 15. MAIDEN NAME Myrtle Kendrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) John W. Wright, Miami, Okla.
18. BURIAL, CREMATION, OR REMOVAL PLACE Faskens Cemetery May 14, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Laughes Mort., 1502 Joplin, Mo.
20. FILED 5-13-1939 Ed. J. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from 4/22 1939 to 5/12 1939.
I last saw him alive on 5/12 1939. Death is said to have occurred on the date stated above, at 8:45 p.m.
The principal cause of death and related causes of importance were as follows:
Intestinal tuberculosis Date of onset 2/21/39
Other contributory causes of importance: 25
Name of operation Exhibit Date of 5/13/39
What test confirmed diagnosis? duits Was there an autopsy? _____
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) Stubbins _____, M. D.
(Address) Joplin, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File No. 6-6-39-1259

Date Filed JUN 9 1939

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address.....

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.