

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 23 1932

W. Miller

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

Do not use this space.

455

1. PLACE OF DEATH
 21 County *Chariton* Registration District No. *175*
 Township *Salisbury* Primary Registration District No. *5243*
 City *Salisbury* No. _____ St. _____ Ward _____

2. FULL NAME *James Ernest Wright*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *42* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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—

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June-4-1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 7 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
 9. Industry or business in which work was done, as silk mill, 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) *Mo 1*

MOTHER FATHER
 13. NAME *N.R. Wright*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*
 15. MAIDEN NAME *Eva Nickerson*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Le Roy Wright Salisbury Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Asbury* DATE *1-8 1932*
 19. UNDERTAKER (ADDRESS) *Winkelmeier Bros Salisbury Mo*
 20. FILED *1/6* 1932 *W. Miller* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-6 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 21 1931*, to *Jan. 6 1932*
 I last saw him alive on *Jan 25 1932*. Death is said to have occurred on the date stated above, at *8:00 P.M.*
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset *Jan 31 1931*
131
131
 Other contributory causes of importance:
9
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *Kamalyan* Was there an autopsy? *W*

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 *D*

24. Was disease or injury in any way related to occupation of deceased? *W*
 If so, specify _____
 (Signed) *W. Miller*, M. D.
 (Address) *Salisbury, Mo.*

