

MARGIN RESERVED FOR BINDING

ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH  
County St. Clair,  
Township Jackson.  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 767 File No. 27546  
Primary Registration District No. 60121 Registered No. 4

FULL NAME Clayton Wright.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

| PERSONAL AND STATISTICAL PARTICULARS  |  | MEDICAL CERTIFICATE OF DEATH   |  |
|---|--|--|--|
| SEX<br><u>Male.</u>   | COLOR OR RACE<br><u>White.</u>   | SINGLE MARRIED WIDOWED OR DIVORCED<br><u>Single.</u><br>(Write the word)   | DATE OF DEATH<br><u>July, 1, 1913.</u><br>(Month) (Day) (Year) |
| DATE OF BIRTH<br><u>May 7, 1911</u><br>(Month) (Day) (Year)   |  | I HEREBY CERTIFY, that I attended deceased from<br><u>June 16, 1913</u> to <u>June 30, 1913</u> ,<br>that I last saw him alive on <u>June 30, 1913</u><br>and that death occurred, on the date stated above, at <u>3:30 P.M.</u> |  |
| AGE<br><u>2</u> yrs. <u>1</u> mos. <u>24</u> ds.  |  | IF LESS than<br>1 day, _____ hrs.<br>or _____ min.?  |  |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work<br><u>None</u><br>(b) General nature of industry, business, or establishment in which employed (or employer)<br><u>None</u> |  | The CAUSE OF DEATH was as follows:<br><u>Acute Enter Colitis</u><br><u>(Dysenteric Form)</u><br><u>1314</u><br><u>120 B</u> (Duration) _____ yrs. _____ mos. _____ ds.   |  |
| BIRTHPLACE<br>(City or town, State or foreign country)<br><u>St. Clair Co.,</u>   |  | Contributory<br>(Secondary)<br><u>10514</u><br>(Duration) _____ yrs. _____ mos. _____ ds.  |  |
| PARENTS   | NAME OF FATHER<br><u>Tatam A. Wright.</u>  | (Signed) <u>Leo A. Wright</u> M. D.  |  |
|   | BIRTHPLACE OF FATHER<br>(City or town, State or foreign country)<br><u>St. Clair Co.</u> | <u>July 1, 1913</u> (Address) <u>Lawrence, Mo.</u>   |  |
|   | MAIDEN NAME OF MOTHER<br><u>Flora Rippetoe.</u>  | *State the Disease Causing Death, or, in deaths from violent causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal   |  |
| BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country)<br><u>St. Clair, Co.</u>   |  | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)<br>At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.   |  |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <u>Not Known.</u>  |  | Where was disease contracted<br>If not at place of death? _____  |  |
| (ADDRESS) <u>Not Known.</u>   |  | Former or usual residence _____  |  |
| Filed <u>Aug 10, 1913</u> <u>G. H. Wood</u><br>REGISTRAR  |  | PLACE OF BURIAL OR REMOVAL<br><u>Wright's Creek Cemetary, 7/1/13</u>   | DATE OF BURIAL<br><u>7/1/13</u>                                |
|   |  | UNDERTAKER<br><u>None.</u>   | ADDRESS<br><u>not known</u>                                    |

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasms," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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

V. S. No. 2.

PLACE OF DEATH  
 County St. Clair  
 Township Jackson  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

REGISTRARS SHALL NOT RECEIVE A FILE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Registration District No. 767 File No. \_\_\_\_\_  
 Primary Registration District No. 6012 Registered No. 24

FULL NAME Clayton Wright

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED S.

DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) \_\_\_\_\_

PARENTS

NAME OF FATHER \_\_\_\_\_

BIRTHPLACE OF FATHER (City or town, State or foreign country) \_\_\_\_\_

MAIDEN NAME OF MOTHER \_\_\_\_\_

BIRTHPLACE OF MOTHER (City or town, State or foreign country) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1, 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw him \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, \_\_\_\_\_, 191\_\_\_\_.

The CAUSE OF DEATH\* was as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) \_\_\_\_\_ M. D.  
 \_\_\_\_\_, 191\_\_\_\_ (Address) \_\_\_\_\_

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant) Clayton Wright  
 (ADDRESS) Valhalla

Aug 10, 1913 St Clair Co Mo  
 REGISTRAR

PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_ 191\_\_\_\_

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 Satisfactory Information Supplied.

Original file, date AUG 10 1913 Information called for must be written on this Supplementary Certificate.

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