AUG 16 1927

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

Do not use this space.

20695

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township ... — Primary Registration District No. 1001

City St Joseph (No. Moyes Hospital St. ... Ward)

File No. ...

Registered No. 713

2. FULL NAME Cecil G. Wright

(a) Residence. No. ... Stewartsville Mo St. ... Ward. Stewartsville Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Single.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20th 1907.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	19	9	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) DeKalb Co.,
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Grover C Wright

11. BIRTHPLACE OF FATHER (CITY OR TOWN) DeKalb Co
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Jessie Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DeKalb Co
(STATE OR COUNTRY) Missouri.

14. INFORMANT Grover Wright
(Address) Stewartsville Mo

15. FILED JUL 14 1927 John L. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1927

17. I HEREBY CERTIFY, That I attended deceased from July 6th 1927, to July 12, 1927, that I last saw h... alive on July 12th 1927, and that death occurred, on the date stated above, at 3:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

104 B

36 (duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (SECONDARY) Acute Frontal Sinusitis

(duration) ... yrs. ... mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No DATE OF July 6-27

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Blood culture

(Signed) C. C. Cambron, M. D

7/14, 1927 (Address) Logan Bldg St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stewartsville Mo — DATE OF BURIAL 7/14 1927

20. UNDERTAKER Fleeman Davis — ADDRESS 1708 Francis

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.