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

Do not use this space.

32878

JAN 4 1928

1. PLACE OF DEATH

County: Caldwell — Registration District No.: 93

Township: Davis — Primary Registration District No.: 5138

City: Braymer (No. ..... St. ..... Ward)

File No. .....

Registered No. 20

2. FULL NAME: William R. Wright

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

Length of residence in city or town where death occurred 40 yrs. mos. 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)
M.	Wh.	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancie Wright

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 17 - 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	1	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Kentucky

PARENTS

10. NAME OF FATHER: Chas Wright

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Kentucky

12. MAIDEN NAME OF MOTHER: Nancie ?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Don't know.

14. INFORMANT: Chas Wright
(Address): Braymer Mo

15. FILED: Nov 5, 1927. H. F. Patterson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 4, 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1927, to Nov 4, 1927, that I last saw h. ..... alive on Nov. 4, 1927, and that death occurred, on the date stated above, at 5:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

(duration) 20 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): —

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

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs & symptoms

(Signed) Geo. S. Dowell, M. D

11-5, 1927 (Address) Braymer, 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: Braymer Evergreen — DATE OF BURIAL: Nov. 6 1927

20. UNDERTAKER: B. F. Mead — ADDRESS: Braymer

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.

THIS IS A PERMANENT RECORD