

30 1928

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

Do not use this space.

31062

1. PLACE OF DEATH

County Madison Co. Registration District No. 934
Township Miss La Motte Mo. Primary Registration District No. 6230
City (No. City St. Ward)

2. FULL NAME Harry Edgar Wright

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

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

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 single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 3 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miss La Motte Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Sherman Wright

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scott Co. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary E. Harwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jonesboro, Ark.
(STATE OR COUNTRY)

14. INFORMANT Sherman Wright
(Address) Miss La Motte, Mo.

15. FILED 9/30 1928 C. U. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Sept 28, 1928, that I last saw h. and her on Sept 28, 1928 death occurred, on the date stated above, at 7:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Whooping Cough
1196 (duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) Isotribes
(duration) yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 9

DID AN OPERATION PRECEDE DEATH? DATE OF 9/28 1928

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Harry Dorrison M. D.

*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 Miss La Motte Mo DATE OF BURIAL Sept 29 1928

20. UNDERTAKER Ed. H. Webb Fredericktown 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.

