3 23 1929

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

Do not use this space.

37616-a

1. PLACE OF DEATH

County: Miller — Registration District No. 561 — File No.

Township: Saline — Primary Registration District No. 5755-a — Registered No. 5

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

2. FULL NAME Joseph Wright

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

Length of residence in city or town where death occurred 60 yrs. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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~~ Lena A. Simpson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 6 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	0	30	

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): Farming
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Tuscumbia
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Henry A. Wright

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

12. MAIDEN NAME OF MOTHER Minerva Jane Milton

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

14. INFORMANT Miles H. Wright
(Address) Eugene Mo.

15. FILED 2-10 1929 Belle Haynes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1928, to Nov. 5, 1928, that I last saw him alive on Nov. 5, 1928, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental
1918 Explosion of Engine
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1887
(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. Lee Glover, M.D.
Nov 5, 1928 (Address) Eugene 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: Eugene Cem — DATE OF BURIAL: 11/7 1928

20. UNDERTAKER: Schell Mere Co — ADDRESS: Eugene

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.