JAN 28 1929

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

Do not use this space.

43780

1. PLACE OF DEATH
County Stoddard — Registration District No. 839 — File No.
Township Richland — Primary Registration District No. 6101. — Registered No. 64
City (No. , St. Ward)

2. FULL NAME Jewell Dean 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 yrs. 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 30. 1927
7. AGE: Years | Months: 11 | Days: 26. | If LESS than 1 day, hrs. or min.
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)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dunklin Co. Mo.

PARENTS
10. NAME OF FATHER: Bud Wright.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Gladys Harper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Bud Wright.
(Address) Hornersville, Mo. R1

15. FILED 12/28, 1928 J P Brawler REGISTRAR

MEDICAL CERTIFICATE OF DEATH 12-26

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-26 1928.

17. I HEREBY CERTIFY, That I attended deceased from 12-23, 1928, to 12-26, 1928 that I last saw him alive on 12-26, 1928, and that death occurred, on the date stated above, at 515 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11B Influenza.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 11B

(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) Dr J P Brawler, M. D
12/27, 1928 (Address) Essex 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: Bluff Cem. — DATE OF BURIAL: 12-27 1928
20. UNDERTAKER: None — ADDRESS: —

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.