

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

Do not use this space.

29903

1. PLACE OF DEATH

County Wright
Township Wright
City Wright (No.)

Registration District No. 891
Primary Registration District No. 4570

File No.
Registered No. 9
St. Ward

2. FULL NAME

(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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/5/1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 5 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(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) Wright Bluff Mo.

10. NAME OF FATHER Clayde Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wright Bluff Mo.

12. MAIDEN NAME OF MOTHER Lora Brinkley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wright Bluff Mo.

14. INFORMANT (Address) Clayde Anderson
Wright Bluff Mo.

15. FILED 8/24 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/21 19 29

17. I HEREBY CERTIFY That I attended deceased from Aug 15 1929 to Aug 21 1929
that I last saw him alive on Aug 15 1929, and that death occurred, on the date stated above, at 7-45 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Enteritis

CONTRIBUTORY (SECONDARY) 1/4-10 (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? Phys. Diagnosis

(Signed) W. C. Pile M. D.

, 19 (Address) Wright Bluff 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 DATE OF BURIAL
Wright Hill Ceme 8/22 19 29

20. UNDERTAKER ADDRESS
Wright Hill Ceme

74

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