

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

Do not use this space.

19966

**1. PLACE OF DEATH**

County Lin  
Township Marceline  
City (No. ....) St. .... Ward .....

Registration District No. 502  
Primary Registration District No. 5068

File No. ....  
Registered No. 26  
St. .... Ward .....

**2. FULL NAME**

George Percy 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) May 25 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 0 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lin Co  
(STATE OR COUNTRY)

10. NAME OF FATHER Joe Wright

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

12. MAIDEN NAME OF MOTHER Hallie Kintner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chariton Co  
(STATE OR COUNTRY)

14. INFORMANT Joe Wright  
(Address) Marceline Mo

15. FILED 6/31 1930 Clara Lutman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930

17. I HEREBY CERTIFY, That I attended deceased from June 21 1930 to June 21 1930 that I last saw him alive on June 21 1930 and that death occurred, on the date stated above, at 2:00 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1011  
Brucella Pneumonia  
(duration) ..... yrs. .... mos. 4 ds.

**CONTRIBUTORY (SECONDARY)**

(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? .....

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) T. M. Sater M. D.

6/21 1930 (Address) Marceline 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 Mr Oliver DATE OF BURIAL June 22 1930

20. UNDERTAKER Gas Moughlin ADDRESS Marceline 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.

