

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

Do not use this space.

28448

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Ran. Primary Registration District No. 3  
 City Ravena City (No. Ravena City (Can Hosp.)) St. Mo. Ward 3

File No. \_\_\_\_\_  
 Registered No. 3576  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wright Bailey R.  
 (a) Residence, No. 4023 Fairfield St. 15 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Wright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12 - 1859</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>3</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>piano salesman</u>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miner

13. NAME Wm M Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Emily Glasscock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Recent Clerk R. H. Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE Aug - 25 1931

19. UNDERTAKER (ADDRESS) Wright & Sons

20. FILED 8-24-31 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22-1931

22. I HEREBY CERTIFY, That I attended deceased from 8-14- 1931, to 8-22- 1931

I last saw him alive on 8-22- 1931. Death is said to have occurred on the date stated above, at 6:05 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis Date of onset 11-9-10

Other contributory causes of importance:  
Semibemented

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Harney Bennett M. D.  
 (Address) Ant. Light Clin. Hosp.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

