Miller

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

Do not use this space.

File No. 30777

Registered No. 49

1. PLACE OF DEATH
County Chariton
Township
City Salisbury (No. St. Ward)

Registration District No. 175
Primary Registration District No. 4104

2. FULL NAME Hardin Ewing 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 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 22 1931

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.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8-1884

7. AGE: Years 47 | Months 4 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 9-30 9-31
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Geo W Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary A Freeman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Morris Wright
(ADDRESS) Brunswick, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury DATE 9-20 31

19. UNDERTAKER Winkelmeyer Bros
(ADDRESS) Salisbury Mo

20. FILED 9/19 1931 W. H. Hawkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19 1931

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to Sept. 19, 1931
I last saw him alive on Sept. 19, 1931. Death is said to have occurred on the date stated above, at 5:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intramuscular Block of Right Branch of the Bundle of His with associated congestive cardiac failure.	about Jun 1931

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No.

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? No.
If so, specify

(Signed) D. H. Miller, M. D.
(Address) Salisbury, Mo