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.

NOV 24 1931

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

Do not use this space.

34308

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3919 — Registered No. 357
City Independence (Indep. Sanitarium St. Ward)

2. FULL NAME Thomas Ray Wright
(a) Residence, No. 315 South Spring St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11-1925
7. AGE Years 6 Months 8 Days 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

FATHER
13. NAME William C. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Missouri

MOTHER
15. MAIDEN NAME Winnie Etta Burnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Missouri

17. INFORMANT (ADDRESS) William C. Wright 315 So. Spring Street
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE Oct 31 1931
19. UNDERTAKER (ADDRESS) Carson Funeral Home Independence Mo
20. FILED Oct. 30 1931 H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1931
22. I HEREBY CERTIFY, That I attended deceased from Dep. Coroner, 19..., to ..., 19...
I last saw h..... alive on ..., 19..... Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

Burned to Death — Date of onset

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Other contributory causes of importance: accidental Explosion of Stove caused by Kerosine
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 10/28, 1931
Where did injury occur? 315 S. Spring, Indep. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Home
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. E. Kimmings, M. D.
(Address) Indep. Mo