

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

Do not use this space.

Dr. Campbell
41798
File No. _____
Registered No. *3552*
St. *12* Ward)

1. PLACE OF DEATH

County *Pettis* Registration District No. *668*
Township *Sedalia* Primary Registration District No. *3032*
City (No. *624*) *P Prospect*

2. FULL NAME

James Robert Wright
(a) Residence, No. *624 N Prospect* St., *1st* Ward.

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Maude L Wright</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 14 1878</i>					
7. AGE		YEARS <i>53</i>	MONTHS <i>9</i>	DAYS <i>14</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Painter</i>				
	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) <i>Lexington Ky.</i>					
FATHER	13. NAME <i>Robert A Wright</i>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Lexington Kentucky</i>				
MOTHER	15. MAIDEN NAME <i>Elizabeth Lettles</i>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bourbon Co. Kentucky</i>				
17. INFORMANT (ADDRESS) <i>Maude L Wright 624 N Prospect</i>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Crown Hill</i> DATE <i>12-30 1931</i>					
19. UNDERTAKER (ADDRESS) <i>McLaughlin Bros Sedalia Mo.</i>					
20. FILED <i>12-30 1931</i> <i>J. J. Love</i> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-28-1931*

22. I HEREBY CERTIFY, That I attended deceased from *12-28*, 1931, to *12-28*, 1931
I last saw him alive on *12-28*, 1931. Death is said to have occurred on the date stated above, at *11/2* m.
The principal cause of death and related causes of importance were as follows:
Malignant mediastinum carcinoma
Structure oropharynx
percutaneous gastrostomy. This done by another surgeon.
Other contributory causes of importance:
Structure oropharynx
percutaneous gastrostomy. This done by another surgeon.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) *C. J. Campbell*, M. D.
(Address) *Sedalia 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.

42-1832

