

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

Do not use this space.

585

**1. PLACE OF DEATH**

County Crawford  
Township R. 29, Liberty  
City (No. ....) St. .... Ward

Registration District No. 233  
Primary Registration District No. 5318

File No. ....  
Registered No. 230

**2. FULL NAME**

Eljah Vincent 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 Whole Life 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leitende Wright Chambers free

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 9 17

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Farmer (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Crawford Co, Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Jackson Wright  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Crawford Co Mo. (STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Elizabeth Callison  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

14. INFORMANT Robert Emmet Wright (Address) RFD Bourbon Mo

15. Jan 9 1932 W. F. Truman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 - 1932

17. I HEREBY CERTIFY, That I attended deceased on March 21, 1931, to March 21, 1931, that I last saw him alive on March 21, 1931, and that death occurred, on the date stated above, at 1:30 p. m.

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

Paralysis from cerebral hemorrhage.

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) arterial sclerosis (duration) 2 yrs. 9 mos. ds. senility (duration) 2 yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical (Signed) Geo. A. Franau M. D. (Address) Bourbon 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 HARDY Cemetery DATE OF BURIAL 1/3/32

20. UNDERTAKER Albert C. Long ADDRESS Bourbon 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. FEB 23 1932

