

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.

JUN 24 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

17034

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Ledalia Primary Registration District No. 3032
 8 City Ledalia (No. _____) St. _____ Ward _____

2. FULL NAME Philip Wright
 (a) Residence, No. 405 W. Pettis St. 1 Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1871

7. AGE YEARS 61 MONTHS _____ DAYS _____ If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labr
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
 10. Date deceased last worked at this occupation (month and year) Apr 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bent/Kenn 31

MOTHER FATHER 13. NAME Philip Wright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo
 15. MAIDEN NAME Bent/Kenn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bent/Kenn

17. INFORMANT Kate Nelson
 (ADDRESS) 511 W. Pettis

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ledalia DATE May 5 1932

19. UNDERTAKER Wm. A. Lyons
 (ADDRESS) 405 W. Cooper St.

20. FILED 5-4 1932 J. L. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1932 to 5-2-1932.
 I last saw h. l. m. alive on 5-2-1932 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
93A
 Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinal 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? _____
 If so, specify _____
 (Signed) A. R. Maddox, M. D.
 (Address) 116 E. W. Main

