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

Do not use this space.
24406

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. 6530

City St. Louis (No. City Hospital St. ..... Ward)

5229

2. FULL NAME Charles Wright

(a) Residence, No. 5823 Theodosia St., Ward: ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23-1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	10	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 148

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) Wise County Virginia

FATHER

13. NAME Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wise Co. Virginia

MOTHER

15. MAIDEN NAME Emma De Mallie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wise Co. Virginia

17. INFORMANT Hospital Information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETERS DATE July 18- 1932

19. UNDERTAKER Cullen & Kelly (ADDRESS) 4524 Easton

20. FILED JUL 16 1932 Max C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1932

22. I HEREBY CERTIFY, that I attended deceased from June 28th, 1932 to July 15, 1932

I last saw him alive on July 15th, 1932. Death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane.	6-28-32 +
83	

Other contributory causes of importance:

(1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical + Path. 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 ....., 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) Arthur A. Hines, M. D.

(Address) City Hospital

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 PERFECTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD