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 21 1932

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

Do not use this space.

31411

File No.
Registered No. 31

1. PLACE OF DEATH
County Boone — Registration District No. 72
Township — Primary Registration District No. 4041
City Centralia (No. , St. Ward)

10 2 2

2. FULL NAME Walter G 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10th 1852

7. AGE: Years 80 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Boone Co., Mo.

FATHER
13. NAME Thomas Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Sallie Ann Howe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co., Mo.

17. INFORMANT (ADDRESS) Mrs Minnie Gillispie Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL Centralia Mo Cem DATE Oct 9th 1932

19. UNDERTAKER (ADDRESS) Centralia Mo

20. FILED 10/9 1932 J. E. Hinerman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1932 to Oct 6 1932
I last saw him alive on Oct 6 1932 Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cistitis	Several years
19 97	
13 50	

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of None
What test confirmed diagnosis? Symptoms Was there an autopsy?

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) Dr. G. W. Lile, M. D.
(Address) Centralia Mo