Bob Simpson

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

Do not use this space.

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No. 38402
Township — Primary Registration District No. 3006 — Registered No. 264
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Raphael Sidicone Wright
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 - 1867
7. AGE YEARS 65 MONTHS 5 DAYS 3 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 Robt H. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mary E. Timberlake
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) E. R. Spence Clarksville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion Cedar DATE 12-12 1932

19. UNDERTAKER (ADDRESS) Parker Fun Co. Fam McHarg

20. FILED 12/17/1932 Allie Selby Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10 1932

22. I HEREBY CERTIFY That I attended deceased from Nov 15th, 1932, to Dec 10th, 1932
I last saw him alive on Dec 10th, 1932. Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

Uraemia
137
131
13 VB
131 0

Date of onset: Several years

Other contributory causes of importance: Chronic Nephritis
Enlarged prostate
Prostatectomy

Name of operation Preliminary Date of
What test confirmed diagnosis? Yes 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. Boone Co Hospital
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Bob Simpson, M. D.
(Address) Columbia Mo.

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.

JAN 21 1933