

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

PAPER RESERVED FOR BINDING

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

Do not use this space.

1. PLACE OF DEATH

4 County Audran Registration District No. 912
Township Amover Primary Registration District No. 6232A
City (Name) _____ St. _____ Ward _____

File No. 8420
Registered No. 11

2. FULL NAME

Arthur Wright
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Bell Wright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 - 1879</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>0</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farming</u>	
	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) <u>Audran Co. Mo.</u>		
FATHER	13. NAME <u>John M. Wright</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Adelia Tracy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mr. Geo. Burwell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wartonsburg Mo.</u> DATE <u>March 5 1933</u>		
19. UNDERTAKER (ADDRESS) <u>H. S. Bainger</u>		
20. FILED <u>3/5</u> 19 <u>33</u> <u>Mollie Fugate</u> Registrar.		

21. MEDICAL CERTIFICATE OF DEATH

21 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2 1932 to 3-3-33 1933. I last saw him alive on 3-3-33 1933. Death is said to have occurred on the date stated above, at 10 m. The principal cause of death and related causes of importance were as follows:

Myocarditis
9510

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) H. E. Conitt M. D.
(Address) Wentworth Ave. Mo.

