

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

Do not use this space.

12073

1. PLACE OF DEATH

104 County Stone
Township Hurley
City (No)

Registration District No. 846
Primary Registration District No. 6283

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

James Pleasant 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 <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>Sarah Wright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 4 1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>3</u>
	DAYS <u>12</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>Retired farmer</u>	
	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

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20 1932 to Feb 20 1933
Last saw him alive on Dec 20 1932 Death is said to have occurred on the date above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Atrophy of Liver
Probable Cause
46E
125E
1-6E

Date of onset
Just prior

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No</u>
	13. NAME <u>Tom Wright</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	15. MAIDEN NAME <u>Frankie Byrd</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	17. INFORMANT (ADDRESS) <u>Andy Wright Brown Springs Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright Chapel</u> DATE <u>Mar. 8 1933</u>
	19. UNDERTAKER (ADDRESS) <u>J.W. Maples Clever Mo</u>
	20. FILED <u>3-9-33</u> <u>H.A. Lumsden</u> Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture 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? No
If so, specify _____
(Signed) E.C. Wade, M. D.
(Address) Clever Mo

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 PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

