

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

Do not use this space.

13698

1. PLACE OF DEATH

51 County Johnson
Township Post Oak
City..... (No....., Ward)

Registration District No. 430
Primary Registration District No. 5586

File No.....
Registered No.....
St..... Ward)

2. FULL NAME Samuel S. Wright

(a) Residence, No. R. R. #4 Leeton Mo. 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Martin Wright (Deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Unknown

14. INFORMANT M. E. Wright (Address) R. R. #4 Leeton

15. April 4 1933 C. P. Poons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 2 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 1932 to Apr 2 1933
that I last saw him alive on Apr 2 1933 and that death occurred, on the date stated above, at 10.50 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Permeious Anemia Chronic
10 (duration) yrs. mos. ds.
CONTRIBUTORY Senility (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Edgar M. D.
, 19 (Address) Leeton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mineral Creek Cemetery DATE OF BURIAL Apr. 4 1933

20. UNDERTAKER L. J. Pleister ADDRESS Leeton

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.

MAY 22 1933

PARENTS

OCT 3 1949