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

Do not use this space.

1. PLACE OF DEATH
County: Randolph
Township:
City: Moberly (No. , St. Ward)

Registration District No. 735
Primary Registration District No. 3134

File No. 24142
Registered No. 137

2. FULL NAME: Kenneth Dale 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*): ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 23 1933

7. AGE: Years ✓ Months ✓ Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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): Mo

FATHER
13. NAME: Louie Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Ruth Carner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Louie Wright Keytesville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oakland Cem. DATE: July 7 33

19. UNDERTAKER (ADDRESS): Snow & Leighton Moberly Mo

20. FILED 7/7 1933 Thos S Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6th 1933 to July 7th 1933
I last saw him alive on July 7th 1933 Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	2 wks
158	

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) P. G. Malcolm, M. D.
(Address) Moberly 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.

WHITE PAPER WITH STRIPING INK—THIS IS A PERMANENT RECORD