

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

Do not use this space.

30626

1. PLACE OF DEATH

County Randolph
Township
City Moberly (No. _____)

Registration District No. 735
Primary Registration District No. 3034

File No. _____
Registered No. 176
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Paris, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. mos. 3 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Kentucky

13. NAME Richard H. Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Meyni Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT John T. Wright (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris, Mo. DATE Sept 20, 1933

19. UNDERTAKER Speed & Blakey (ADDRESS) _____

20. FILED 9-17-33 Virginia Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to Sept 17, 1933

I last saw h. l. alive on Sept 17, 1933. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Concussion Date of onset Sept 15
2:06 PM

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? C. F. Pas Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 15, 1933
Where did injury occur? Near Paris, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place

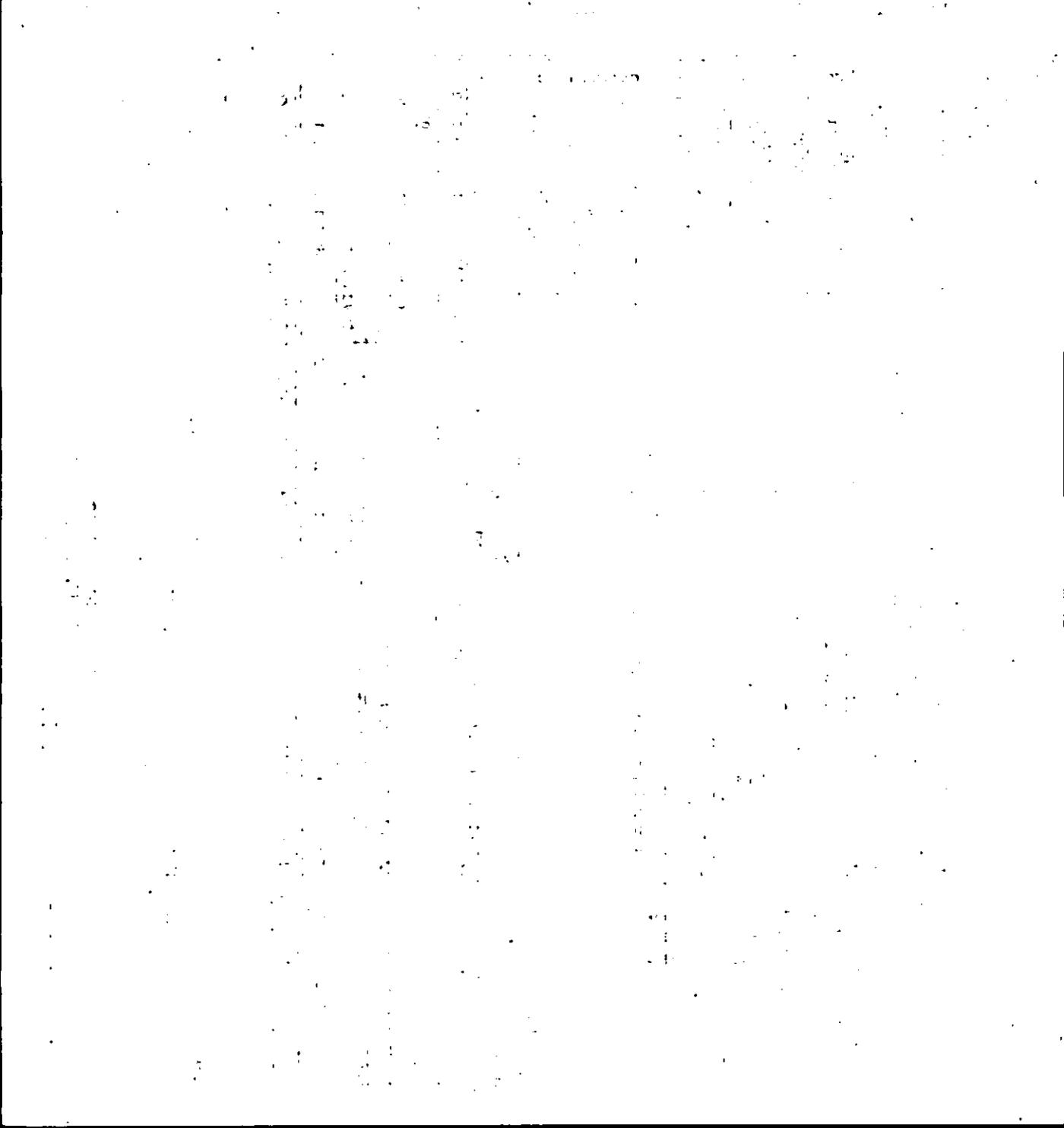
Manner of injury Struck by railroad train
Nature of injury Concussion of brain

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) May E. Kasser, M. D.
(Address) 415 Woodland Moberly, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933



(Dr. Kaiser)

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Grades Cpl
Township Westbury
City Westbury (No. _____)

Registration District No. 735
Primary Registration District No. 3034

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

2. FULL NAME

C. Charles 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	4. COLOR OR RACE	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)				
7. AGE	YEARS	MONTHS	DAYS	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____				
19. UNDERTAKER (ADDRESS)				
20. FILED _____ 19 _____ <u>Virginia Walker</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Subdural concussion Date of onset _____

Other contributory causes of importance:
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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 12, 1933
Where did injury occur? Paris, Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Woodrings an automobile (Sedan)
Manner of injury Struck by train
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Max G. Kaiser _____, M. D.
(Address) 415 Woodland
Westbury, Mo

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-30624