

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

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.

SEP 20 1933

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

Do not use this space.

30974

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **791**  
City **St. Louis Mo** (No. **Barnes Hospital**)

File No. ....  
Registered No. **7644**  
St. .... Ward)

2. FULL NAME **Ray William Wright**

(a) Residence, No. .... St. **12** Ward. **Columbia 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Gertrude A. Wright</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 28 - 1883</b>		
7. AGE	YEARS <b>50</b>	MONTHS <b>1</b>
	DAYS <b>6</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Sheet Metal Worker</b>	
	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. <input checked="" type="checkbox"/>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

13. NAME **John Wright**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alton Ill**

15. MAIDEN NAME **Corra Ashlock**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alton Ill**

17. INFORMANT **Gertrude A. Wright**  
(ADDRESS) **Columbia Mo**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Alton Ill** DATE **Sept. 6 1933**

19. UNDERTAKER **Allen Kasper**  
(ADDRESS) **Alton Ill**

20. FILED **SEP 4 1933**  
**J. F. Beedeck**  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9 - 3 - 1933**

22. I HEREBY CERTIFY, That I attended deceased from **7 - 18 - 1933**, to **9 - 3 - 1933**  
I last saw h. **was** alive on **9 - 3 - 1933** Death is said to have occurred on the date stated above, at **11:15 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Cerebral occlusion - terminal**  
**Arteriosclerosis**  
**Myocarditis, etc.**  
Other contributory causes of importance: **P3**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

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) **Earl V. Moore**, M. D.  
(Address) **600 S. Knapshill**

