

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.

AUG 15 1934

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

Do not use this space.

25754

1. PLACE OF DEATH

County Nodaway Registration District No. 629  
Township \_\_\_\_\_ Primary Registration District No. 4379  
City Ravenwood (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 354  
Registered No. 11

2. FULL NAME

Ozias Wright 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 40 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 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1855

7. AGE YEARS 78 MONTHS 11 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Waterloo (STATE OR COUNTRY) Pa.

13. NAME Angus M. Wright

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Susan Butts

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Angus Wright (ADDRESS) Ravenwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn Cem. DATE July 9, 1934

19. UNDERTAKER Newton Long (ADDRESS) Ravenwood, Mo.

20. FILED 8/10 1934 J. P. Davis Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 8, 1934  
last saw him alive on July 7, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

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

Cerebral Hemorrhage Date of onset 82A  
Arterio sclerosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) J. M. Boyles M. D.  
(Address) Conception Church, Mo.

