

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

Do not use this space.

2534

1. PLACE OF DEATH **FEB 15 1935**

County Randolph
Township ~~...~~
City Higbee (No.)

Registration District No. 922
Primary Registration District No. 4437

File No. 44
Registered No.
St. Ward)

2. FULL NAME John Douglas Wright

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 4 8

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) Higbee Mo.

13. NAME Lee Wright.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co.

15. MAIDEN NAME Minnie Brewer

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

17. INFORMANT Lee Wright
(ADDRESS) Higbee Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE Jan 26 1935

19. UNDERTAKER Burton & Lambler
(ADDRESS) Higbee Mo.

20. FILED Jan 25 1935 J. W. Wilson
Mark Little Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24 1935

I HEREBY CERTIFY, That I attended deceased from Jan 19 1935 to Jan 24 1935

I last saw him alive on Jan 24 1935 Death is said to have occurred on the date stated above, at 10 P.M.

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

Chronic Pancreatitis with Mitral Insufficiency Chronic Bronchitis and Emphysema Hemiplegia

Date of onset

Other contributory causes of importance:

Name of operation 181 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? 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) W. J. Durden, M.D. (Address)

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.

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WHITE LABEL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

