

MAR 22 1935

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

Do not use this space.

4824

1. PLACE OF DEATH

County DadeRegistration District No. 236Township Rock PrairiePrimary Registration District No. 5321City Clinton P. O.

(No.)

St.

Ward)

File No. 19Registered No. 192. FULL NAME Joseph Homer 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.

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Lou Vanpeet

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

April -13-1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

601015

OCCUPATION

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

Farmer

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)

Dade County, Missouri

FATHER

13. NAME

Joseph Wright

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

Ind

MOTHER

15. MAIDEN NAME

Margaret Fultz

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

Ind

17. INFORMANT (ADDRESS)

Mrs Lou Wright Clinton Mo R. 3

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clinton CreekDATE Mar -1- 1935

19. UNDERTAKER (ADDRESS)

John Eugene Horn Walnut Grove Mo

20. FILED

Feb 28 1935 C. P.aires M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 28 1935

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 22 1935 to Feb. 28 1935I last saw him alive on Feb. 26 1935. Death is saidto have occurred on the date stated above, at 9 a. m.

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

Mitral insufficiency

Date of onset

Probably Aug. 1934

Other contributory causes of importance:

Name of operation none Date ofWhat 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 no

Nature of injury

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

If so, specify

(Signed) H. K. Cowen, M. D.(Address) Ash Grove Mo.

