WHITE 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.

JUN 24 1935

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

Do not use this space.

16937

File No.

Registered No.

1. PLACE OF DEATH

53 County Laclede — Registration District No. 449

2 Township — Primary Registration District No. 4267

City Lebanon (No. , St. Ward)

10

2. FULL NAME James Harvey Wright

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

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: Julia Clark Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4, 1879

7. AGE: YEARS 56 — MONTHS 2 — DAYS 12 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lebanon Mo.

1

FATHER

13. NAME: Henry T. Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Yarmouth Maine

2

MOTHER

15. MAIDEN NAME: Martha Munger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oswego N.Y.

2

17. INFORMANT (ADDRESS): Mrs Julia Wright Lebanon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon Cemetary DATE May 18, 1935

19. UNDERTAKER (ADDRESS): Palmer Lebanon

20. FILED 5/17, 1935 J. A. McCamb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935, to May 15, 1935.
I last saw him alive on May 15, 1935. Death is said to have occurred on the date stated above, at 1:30 A. m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

1215

Other contributory causes of importance:

Name of operation Herniotomy & Appendectomy Date of 4-30-35.
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?
If so, specify

(Signed) P. Thompson, M. D.

(Address) Lebanon, Mo.