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 26 1935

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

Do not use this space.

29410

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township — Primary Registration District No. 3019 — Registered No. 288
City Independence No. ..... St. ..... Ward)

48
5
8

2. FULL NAME Cyrus H. Wright
(a) Residence, No. 1404 W. College 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: Male
4. COLOR OR RACE: Wht.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17. 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	6	26	

OCCUPATION
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. Berkshire Lumb Co.
10. Date deceased last worked at this occupation (month and year) Sept 7-35
11. Total time (years) spent in this occupation 8

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

FATHER
13. NAME T. B. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norwin Mo

MOTHER
15. MAIDEN NAME Elizabeth Limbird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs C. L. Wright 1519 W. College

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE Sept 15 - 1935

19. UNDERTAKER (ADDRESS) George C. Carson Indep. Mo.

20. FILED 9-14-1935 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1935, to Sept 13, 1935
I last saw him alive on Sept 13, 1935. Death is said to have occurred on the date stated above, at 4:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Sept 10
Influenza	Sept 7

Other contributory causes of importance:

Name of operation ..... 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? ..... 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) Chas E. Nickson Jr, M. D.
(Address) Independence, Mo