

OCT 24 1935

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

Do not use this space.

29833

1. PLACE OF DEATH

County *Jasper*Registration District No. *408*

Township

Primary Registration District No. *3020*City *Carthage Mo.* (No. *1117*)*Cedar St.*

File No.

Registered No.

St. _____ Ward)

2. FULL NAME

(a) Residence, No. *1117*

(Usual place of abode)

Cedar

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *65* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lashaine Wade</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 7th 1862</i>		
7. AGE	YEARS	MONTHS
	<i>73</i>	<i>0</i>
		DAYS
		<i>20</i>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farming</i>	
	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) <i>Boling Green Ky.</i>		
MOTHER FATHER	13. NAME <i>John T. Wright</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky.</i>	
	15. MAIDEN NAME <i>Sarah Thurmond</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky.</i>	
17. INFORMANT <i>Mrs. John T. Wright</i> (ADDRESS) <i>1117 Cedar St. Carthage</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Oak Hill</i> DATE <i>Oct 1st 1935</i>		
19. UNDERTAKER <i>Ulmer Funeral Home</i> (ADDRESS) <i>Carthage Mo.</i>		
20. FILED <i>Sept. 30</i> , 1935 <i>S. B. Clinton</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 27th*, 19*35*22. I HEREBY CERTIFY, That I attended deceased from *Jan 11*, 19*35*, to *Sept 27*, 19*35*I last saw him alive on *Sept 27*, 19*35* Death is saidto have occurred on the date stated above, at *1:30 p.m.*

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

Carcinoma, generalized involving all bones & teeth
Primary site mandible
& metastatic cervical glands
Date of onset about 1931 3 yrs agoOther contributory causes of importance:
*Treated at Savannah Mo. yearly past 3 years*Name of operation *None* Date of _____What test confirmed diagnosis? *Microsc.* 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 _____

Nature of injury _____

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

If so, specify _____

(Signed) *James J. McPherson*, M. D.(Address) *Carthage Mo.*

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.

