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.

DEC 30 1935

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

Do not use this space.

39431

File No.

Registered No. 379

1. PLACE OF DEATH
County: Jackson
Township:
City: Independence, Mo. (No. , St. Ward)
Registration District No. 3398
Primary Registration District No. 30 19

2. FULL NAME: Henry Benedict Wright
(a) Residence, No. 1117 S. Noland St., 3rd Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 54 mos. 3 ds. 0 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: Maude Griffin Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 24 1871

7. AGE: Years 64 Months 0 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Post Office
10. Date deceased last worked at this occupation (month and year): Nov. 16, 1935
11. Total time (years) spent in this occupation: 26 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 4 mi. N.E. of Atherton Jackson Co., Mo.

FATHER
13. NAME: Henry J. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): near Bowling Green Kentucky

MOTHER
15. MAIDEN NAME: Sarah Cruse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): near Indianapolis Indiana

17. INFORMANT: Willa P. Griffin
(ADDRESS) 1117 S. Noland, Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Wash Cemetery DATE: Dec 11 1935

19. UNDERTAKER: Ott & Mitchell
(ADDRESS) Independence Mo.

20. FILED: 12-14-1935 L. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23rd 1935, to Dec. 9th 1935
I last saw him alive on Dec 9th 1935. Death is said to have occurred on the date stated above, at 8:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance: General arteriosclerosis

Name of operation: Date of
What test confirmed diagnosis: 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) D. Ruth Andrews, M. D.
(Address) Independence, Mo.