

SEP 28 1936

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

Do not use this space.

31946

255

668

1. PLACE OF DEATH

County PETTIS

Registration District No. 119

Township SEDAWA

Primary Registration District No. 3032

City SEDAWA (No. 1)

St. SEDAWA Ward 1

2. FULL NAME

BURTON AMERICA WRIGHT

(a) Residence, No. 124 W HENRY St. Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 COL 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29-1893

7. AGE YEARS 53 MONTHS 7 DAYS 1 IF LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year) 8-1-36 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUNCE TOX MO

13. NAME EARNEST WRIGHT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER, CO MO

15. MAIDEN NAME ELIZA WRIGHT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER, CO MO

17. INFORMANT ALVA WRIGHT (ADDRESS) SEDAWA, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE CROWN HILL DATE 8-22-1936

19. UNDERTAKER FERRISON UND CO (ADDRESS) SEDAWA MO

20. FILED Aug 22 1936 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18-1936

22. I HEREBY CERTIFY, That I attended deceased from July 26 1936 to 8-18-1936
I last saw him alive on 8-18-1936 Death is said to have occurred on the date stated above, at 4:10 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset Heat Prostration
181
Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation Amputation Date of 8-18-1936
What test confirmed diagnosis Amputation 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?
If so, specify —
(Signed) C. R. Maddox, M. D.
(Address) 116 1/2 W. Main

