

NOV 20 1936

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

Do not use this space.

36902

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 308
St. _____ Ward)

2. FULL NAME

John Wright
(a) Residence, No. Overland Mo Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6th 1905</u>		
7. AGE YEARS <u>31</u>	MONTHS <u>2</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Overland Mo</u>		
13. NAME <u>J M Wright</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Mary E American</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware</u>		
17. INFORMANT (ADDRESS) <u>Hoop Records</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Colony Cem. Fee Fee cem</u> PLACES <u>St Louis Mo</u> DATE <u>Oct 6 1936</u>		
19. UNDERTAKER <u>Merrill Shepard</u> (ADDRESS) <u>St Louis</u>		
20. FILED <u>Oct 2, 1936</u> <u>R. N. Crews</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 25th 1936 to Oct 1 1936
I last saw him alive on Oct 1 1936 Death is said to have occurred on the date stated above, at 6:25 p.m.
The principal cause of death and related causes of importance were as follows:
Bacillary Dysentery Flexner type
Date of onset 9/16/36

Other contributory causes of importance MB

Name of operation None Date of _____
What test confirmed diagnosis? Lab Was there an autopsy? Yes

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) Thos A. Hopfner, M. D.
(Address) Fulton 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.

