STANDARD CERTIFICATE OF DEATH

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH: JAN 18 1937
County Buchanan State MISSOURI Registered No. 1482
Township or Village or
City St. Joseph, Mo. No. Missouri Meth. Hosp. St., Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ days. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ days.

2. FULL NAME Myers Grant Wright
Residence: No. ____ St., ____ Ward. Weatherby, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Wright

6. DATE OF BIRTH (month, day, and year) Mar. 10-1868

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ mins.
72	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) Nov. 30 1936

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town and State or country): Ohio.

FATHER

13. NAME: Robert M Wright

14. BIRTHPLACE (city or town and State or country): Penn.

MOTHER

15. MAIDEN NAME: Nancy J. Ravenscroft

16. BIRTHPLACE (city or town and State or country): West Virginia

17. INFORMANT (name and address): Charles Wright

18. BURIAL, CREMATION, OR REMOVAL:
Place Weatherby Mo Date Dec 3, 1936

19. UNDERTAKER (name and address): H. G. Pilcher. Maryville Mo.

20. FILED Dec. 8, 1936 H. J. Westerburg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-26-, 1936, to 12-1-36, 1936

I last saw him alive on 11-30-, 1936; death is said to have occurred on the date stated above, at 6 a. m.

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

	Date of onset
11-24 Ruptured gut.	11-24-
Peritonitis —	

Other contributory causes of importance:

Name of operation Exploratory Date of 11-26-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-24, 1936

Where did injury occur? Weatherby Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: ~~Farm~~ home industry

Manner of injury Sawing wood - hit by chunk

Nature of injury Ruptured small bowel

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

If so, specify sawing wood at home

(Signed) Paul Thompson

(Address) St Joseph Mo

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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