MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V.S. No. 2
50M-10-22-36
I X9314

JAN 20 1937

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

Do not use this space.

46481

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. 3936 West Belle Place St. ..... Ward)

File No. .....

Registered No. 12270

2. FULL NAME Nathan H. Wright

(a) Residence, No. 3936 West Belle Place St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~ HUSBAND OF (OR ~~WIFE OF~~): Ida Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1870

7. AGE: Years 66 | Months 7 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Douglas Theatre

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): Saint Louis, Missouri

FATHER

13. NAME: Unavailable-Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Unavailable

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Anna Wheeler, 3936 West Belle Place

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood Cem DATE Dec. 15, 1936

19. UNDERTAKER (ADDRESS): Charles J. Gates, 4107 Finney Avenue

20. FILED DEC 14 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1936 to December 11, 1936

I last saw him alive on December 11, 1936 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Lobar Pneumonia

Date of onset

108

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? clinical 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) W. P. Curtis, M. D.

(Address) 219 North Jefferson Ave.