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.

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

JAN 18 1937

Do not use this space.

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1. PLACE OF DEATH
County: Boone — Registration District No.: 73
Township: Columbia — Primary Registration District No.: 3006
City: Columbia (No. ..... St. ..... Ward)

File No.:
Registered No.: 327

2. FULL NAME: Melvin Wright

(a) Residence, No. 227 Lynn St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertha Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-1-1897

7. AGE: Years 39 — Months — — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car washer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Filling station
10. Date deceased last worked at this occupation (month and year): Dec 7 36
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centralia Missouri

FATHER

13. NAME: James Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER

15. MAIDEN NAME: Charlotte Hoard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Missouri

17. INFORMANT: Maude Collier
(ADDRESS): Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: 12-9- 1936

19. UNDERTAKER: Stuart S. Parker
(ADDRESS): Columbia Missouri

20. FILED: 12/9/1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7 Dec 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1936, to X, 19..
I last saw h. X alive on X, 19.. Death is said to have occurred on the date stated above, at 7 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficency	

Other contributory causes of importance:

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? .....
If so, specify .....

(Signed) W. R. Tualson Connor, M. D.
(Address) 20 N 9 St Columbia Mo.