

FEB 16 1937

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

Do not use this space.

397

1. PLACE OF DEATH
County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 3008
City Fulton (No. _____) St. _____ Ward _____
2. FULL NAME Geo J Wright
(a) Residence, No. Callumbea St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.K.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D.K.
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. abt 84 DK DK
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, saw mill, bank, etc. _____
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) Bronck MO
13. NAME D.K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.
15. MAIDEN NAME D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.
17. INFORMANT Hosp. Records
18. BURIAL, CREMATION, OR REMOVAL PLACE Callumbea DATE DK 1937
19. UNDERTAKER Parson F Co (ADDRESS) Callumbea
20. FILED Jan 15 1937 R. N. Creer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 12th, 1937 to Jan 16, 1937.
Last saw him alive on Jan 15th, 1937. Death is said to have occurred on the date stated above, at 10:52 a.m.
The principal cause of death and related causes of importance were as follows:
Bronch. pneumonia Date of onset 1-12
ant
Other contributory causes of importance:
Left Atrial Sclerosis
Chl. Myocarditis
Sclerosis
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? No
If so, specify _____
(Signed) Chas Robinson 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.

