

JUL 31 1937

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

Do not use this space.

24729

1. PLACE OF DEATH

County Wright Registration District No. 757  
Township Wright Primary Registration District No. 2036  
City Wright (Not a Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 117

2. FULL NAME

(a) Residence, No. Wrightville, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

W. Charles Mc  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28-1865  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 2 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder  
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) June 27, 1937 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wrightville, Mo.

13. NAME Warren W. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wrightville, Mo.

15. MAIDEN NAME Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wrightville, Mo.

17. INFORMANT (ADDRESS) Warren W. Walker, Wrightville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wrightville DATE 6-29 1937

19. UNDERTAKER (ADDRESS) Wrightville, Mo.

20. FILED June 28, 1937 Blaine B. Mosser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1937

I HEREBY CERTIFY, That I attended deceased from June 28 1937, to June 27 1937.  
I last saw him alive on June 27 1937. Death is said to have occurred on the date stated above, at 4:45 a.m.

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

Sanguinous Appendicitis Date of onset 4 days

Other contributory causes of importance:

Intestinal Obstruction 72 hrs.

Name of operation Appendectomy Date of operation June 23  
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? No Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? No (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. Charles Mc, M. D.  
(Address) Wrightville, 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.

Main body of the document containing several columns of text, likely a list or table. The text is extremely faint and difficult to read.

Handwritten notes or signatures in the center of the page, including a large number '4' and other illegible characters.

Handwritten notes or signatures on the right side of the page, including a large number '2'.