

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.

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

32

County DeKalb.
Township Adams.
City Weatherby. (No.)

Registration District No. 2634162
Primary Registration District No. 5260

File No. 10610
Registered No.

2. FULL NAME

John Joel Wright. 623

(a) Residence, No. St. Ward.
(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. (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 (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Wright.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1858.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>10</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant.
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) Gentry County,
(STATE OR COUNTRY) Missouri.

13. NAME Jubal Wright.

14. BIRTHPLACE (CITY OR TOWN) Virginia.
(STATE OR COUNTRY)

15. MAIDEN NAME Emma Nance.

16. BIRTHPLACE (CITY OR TOWN) Virginia.
(STATE OR COUNTRY)

17. INFORMANT John J. Wright.
(ADDRESS) Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cope-Shambaugh DATE March 18 38

19. UNDERTAKER U. G. Pilcher,
(ADDRESS) Maysville, Mo.

20. FILED Apr 10 1938 James Fitzgerald,
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1938, to March 16, 1938

I last saw him alive on March 16, 1938 Death is said to have occurred on the date stated above, at.....m.

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

Cerebral thrombosis
Generalized arteriosclerosis
with hypertension
Cardio-renal insufficiency
Other contributory causes of importance: Hypostatic pneumonia
Dehydration, anoxia

Date of onset ?
? Mar., 1938
Mar. 15, 1938
3-7-38

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) John M. Cooper, M. D.
(Address) Maysville, Mo

