

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Copper
Township
City BOONVILLE (No.)

Registration District No. 218
Primary Registration District No. 3015

File No. 18090
Registered No. 38
St. Ward)

2. FULL NAME WALTER WRIGHT

(a) Residence, No. MORGAN St. Ward.

(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 - 1906
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 9 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TRUCK DRIVER
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) APRIL - 1938 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Speed Mo 0

MOTHER 13. NAME TOM WRIGHT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Speed Mo 0

15. MAIDEN NAME Lucy Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TIPTON Mo

17. INFORMANT (ADDRESS) Mrs Lucy Wright BOONVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Speed Cem DATE MAY 4 1938

19. UNDERTAKER (ADDRESS) STEGNER-KOENIG BOONVILLE Mo

20. FILED May 2 1938 DeFoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 1 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27 1938 to May 1 1938

I last saw him alive on May 1 1938 Death is said

to have occurred on the date stated above, at 2:30 p.m.

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

Labar Pneumonia Date of onset 4-27-38

Other contributory causes of importance:

Name of operation none Date of no
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) T. C. Beckett, M. D.
177 (Address) Boonville, Mo

