

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. NOV 21 1938

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

Do not use this space.

35868

1. PLACE OF DEATH *Howell*
County *Howell* Registration District No. *384*
Township *Sunny Creek* Primary Registration District No. *5539*
City *Howell* (No. *623*) St. _____ Ward _____
2. FULL NAME *Donald Ray Wright*
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *w* 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) *Oct 25, 1938*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
no age
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
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) *Potosi Mo*
13. NAME *Herman Luther Wright*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*
15. MAIDEN NAME *Blauche Albion*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*
17. INFORMANT *Herman L. Wright*
(ADDRESS) *Potosi Mo*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Blue mound* DATE *10-26 1938*
19. UNDERTAKER *None*
(ADDRESS) _____
20. FILED *10-26 1938* *Vida W SIMONS* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-25 1938*
22. I HEREBY CERTIFY, That I attended deceased from *Oct 25 1938*, 19____, to _____, 19____.
I last saw h..... alive on _____, 19____. 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:
was born dead on above date
Date of onset _____
Other contributory causes of importance: _____
Name of operation *none* 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) *C. A. Beach*, M. D.
E. L. J. J. J. (Address) _____

