

066 JUN 22 1939

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

19566
Do not use this space.

1. PLACE OF DEATH
 (a) County RANDOLPH Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034 Registered No. 103
 (c) City MOBELY (d) Street No. WOODLAND HOSPT. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES LARKIN WRIGHT
 (a) Residence, No. _____ St. PARIS, Mo.
 (Usual place of abode, if no street address, write county or city) (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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF EMMA F. WRIGHT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 22, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DRUGIST
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

FATHER 13. NAME H. K.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME H. K.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Lillie Belle Elgin, Salisbury, Mo.
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE, PARIS, Mo. DATE MAY 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEEDY BLANEY, PARIS, Mo.

20. FILED MAY 25, 1939 Seaborn Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from MAY 23, 1939, to MAY 24, 1939
 I last saw him alive on MAY 24, 1939. Death is said to have occurred on the date stated above, at 7:25 p.m.
 The principal cause of death and related causes of importance were as follows:
fractured left hip
 Date of onset MAY 23, 1939

Other contributory causes of importance:
Cardio-renal Insufficiency

Name of operation None Date of _____
 What test confirmed diagnosis? Chemical 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) Thos. Blanning M. D.
 (Address) MOBELY, Mo.

N. E.—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.

144
RECEIVED

District Health Officer No. 10

District File Number 10-29-1008

Date Filed JUN 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

A. S. Blakey

Licensed Embalmer No. 2614

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

19566
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735-
(b) Township..... Primary Registration District No. 3034 Registered No.....
(c) City Moberly (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Larkin Wright
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

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:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.
91 9 2

Fractured left hip
186 in

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as saw mill, bank, etc.....
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

Other contributory causes of importance:
Renal Insufficiency

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19____

Local Registrar.

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? Accidental Date of injury May 23, 1929
Where did injury occur? Home Paris, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury slipped, fell to floor
Nature of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Thos S Fleming, M. D.
(Address) Moberly

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DO NOT

