

FILED APR 8 1940

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

12012

## 1. PLACE OF DEATH

County PettisRegistration District No. 668 5859Township 1-1Primary Registration District No. 3-32City Ledalia (No. 1)

Rural

File No. \_\_\_\_\_

Registered No. 128

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Wright

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE Col5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF Addie Wright (OR) WIFE OF \_\_\_\_\_6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 1867

7. AGE

YEARS 72

MONTHS \_\_\_\_\_

DAYS 13

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

on Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Speed Mo (STATE OR COUNTRY)13. NAME Robert Wright14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)17. INFORMANT Addie Wright (ADDRESS) Ledalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Speed Mo DATE 3-31-194019. UNDERTAKER F. D. Ferguson (ADDRESS) Ledalia Mo20. FILED 3-30-1940 Wm Harry Sneed Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-194022. I HEREBY CERTIFY, That I attended deceased from 3-28-1940, to 3-28-1940I last saw him alive on 3-28-1940. Death is said to have occurred on the date stated above, at 4:30 m.

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

Date of onset

Acute Hemiplegia

Other contributory causes of importance:

Name of operation not done Date of \_\_\_\_\_What test confirmed diagnosis? clinical Was there an autopsy? Yes

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) A. R. Madrox M. D.(Address) 116 E. W. Main

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12017

Registration District No. 668

Primary Registration District No. 5889

Registrar's No. 128

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Beaumont  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME James Wright  
(b) If veteran name war. (c) Social Security No.

4. Sex m 5. Color cal 6. (a) Single, widowed, married, divorced m  
(b) Name of husband or wife. (c) Age of husband, or wife, if alive years  
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 74 Months 13 Days 13 If less than one day hr min.

9. Birthplace (City, town, or county) or foreign country

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State (b) County  
(c) City or town (If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

20. DATE OF DEATH Month 3 day 28 year 1990 hour minute M.  
21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death acute Hemiplegia  
Due to Cerebral apoplexy  
(Hemiplegia)  
Due to 826'

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature A. R. Maddox (Physician or other)

Address Beaumont Date dictated

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12012  
Registrar's No. 128

Registration District No. 668

Primary Registration District No. 3889

1. PLACE OF DEATH

- (a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT  
FULL NAME.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color cal 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year  
7. Birth date of deceased mar 15 - 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 74 - 13 hr min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

- MOTHER FATHER { 12. Name.  
13. Birthplace. (City, town, or county) (State or foreign country)  
14. Maiden name.  
15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant. (b) Address.  
17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)  
(c) Place: burial or cremation.

18. (a) Signature of funeral director. (b) Address.  
19. (a) 3-30-1940 (b) Wm Harry Sneed  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.  
(c) City or town. (If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month mar day 28  
year. hour. minute. M.

21. I hereby certify that I attended the deceased from. 19. to. 19.  
that I last saw h. alive on. and that death occurred on the date and hour stated above.  
Immediate cause of death.

- Due to.  
Due to.  
Other conditions. (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.  
Of autopsy.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).  
(b) Date of occurrence.  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (c) Means of injury.  
23. Signature A. R. Maddox (M. D. or other)  
Address Sedalia mo Date signed.

3-15-1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL