

FILED OCT 18 1940

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

Do not use this space.

31933

1. PLACE OF DEATH

County Dunklin Registration District No. 284
Township Welcomb Primary Registration District No. 5404
City Hatfield (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME James H. Wright, Jr.

(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

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9 - 1939</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>1</u>
		DAYS
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Infant</u>
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th, 1940
22. I HEREBY CERTIFY, That I attended deceased from July 9th 1940, to July 9th, 1940
I last saw him alive on July 9th, 1940. Death is said to have occurred on the date stated above, at 3:10 p.m.
The principal cause of death and related causes of importance were as follows:

Card. Cath. is
Date of onset unknown
Other contributory causes of importance: HAIR

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rivers, Miss

FATHER 13. NAME James H. Wright, Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hatfield, Miss

MOTHER 15. MAIDEN NAME Leardine Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pharos, Miss

17. INFORMANT James H. Wright, Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wounded DATE 7-10-40

19. UNDERTAKER Emerson Burns

(ADDRESS) Hatfield, Miss

20. FILED _____ 19 _____ Registrar 250

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) W. H. Hale, M. D.
(Address) Hatfield

Every year 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.

RECEIVED

District Health Officer No. 2

District File Number 1040-1584

Date filed 10/14/40

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **31933**

Registration District No. **286**

Primary Registration District No. **5404**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Halcomb**
(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) (Specify whether

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.

3. (a) PRINT FULL NAME

James D. Knight Jr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **m**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **inf**

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years **1**

Months **1**

Days **1**

If less than one day _____ 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) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Oct 10, 1940** (b) _____

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH _____ month **July** day **9**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
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 _____

Duration

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)
(e) Means of injury _____

23. Signature **John Cochran** (M. D. or other) _____

Address **Halcomb, Mo.** Date signed _____

SUPPLEMENTARY

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

