

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

Do not use this space.

34247

1. PLACE OF DEATH

County Monteau

Registration District No. 577

Township Pilot Grove

Primary Registration District No. 57705

City Sullivan

File No.

Registered No. 10

St.

Ward)

2. FULL NAME Thos. H. 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

white

Married

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

Mary Clark

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

Sept 29th 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67

-

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Farming

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Monteau Co Mo

10. NAME OF FATHER

L D Wright

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

12. MAIDEN NAME OF MOTHER

Martha Russell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Monteau Co Mo

14.

INFORMANT

(Address)

Mrs Mary Wright
Sullivan Mo

15.

FILED

10/5 1928

J M Robertson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct 12th 1928

17.

I HEREBY CERTIFY, That I attended deceased from

10

1928

to

Oct 11

1928

that I last saw him alive on Oct 23rd 1928, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke Apoplexy

(duration)

yrs.

mos. 2

da.

CONTRIBUTORY (SECONDARY)

7401

(duration)

yrs.

mos.

da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?.....

DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J M Robertson

M. D

(Address) 10-12

J Latham Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Flag Springs Cemetery

Oct 13 1928

20. UNDERTAKER

ADDRESS

Adwell's Resale Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

