

REC'D FEB 25 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

3143

1. PLACE OF DEATH

County MonroeTownship LibertyCity Jamestown (No. 1)Registration District No. 574Primary Registration District No. 4338
5-7-72-AFile No. 3143Registered No. 115St. Mo. Ward 12. FULL NAME Mr. George William Wright(a) Residence, No. 1 St. Mo. Ward 1

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMr. George William Wright

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

Jan-26-1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.7704

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housekeeper9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Philadelphia

13. NAME

Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)Anderson Jessie Wright

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE Feb-1 193919. UNDERTAKER
(ADDRESS)Charley Fullrich

20. FILED

Jan 31 1939 mo Abbie Boral

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30- 1939

22. I HEREBY CERTIFY, That I attended deceased from

1-29 1939 to 1-30 1939I last saw him alive on 1-30-39 at 5:30 p.m. 1939. Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

Apoplexy

Date of onset

5-1DiabetesUnknown

Other contributory causes of importance:

DiabetesUnknownHypertensive Pneumonia 1-30-39Name of operation None Date of 1-30-39What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury 1-30-39Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoneIf so, specify None(Signed) B. Reynolds D.O.(Address) Jamestown Mo.

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

СССР

1987

VIETNAM

EILK

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3143
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 6-74
(b) Township _____ Primary Registration District No. 4338 Registered No. _____
(c) City Jamestown (d) Street No. _____ 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

(a) Residence, No. Baroline Wright 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 4

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

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. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 3 1939 Myrle Abbie Oneal Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1939

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

I last saw him 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:

Date of onset

Other contributory causes of importance:

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

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) G. F. Reynolds M.D.

(Address) Jamestown Mo

