

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33176

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *W. Rogers*

Registration District No. *87*

Ino. Town

Primary Registration District No. *7133*

City

(No. St., Ward)

File No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *Louis H. Wright*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED, WIDOWED OR DIVORCED *Widowed*
(Write the word)

6 DATE OF BIRTH *July 25, 1919*
(Month) (Day) (Year)

7 AGE *6.9 yrs. 4 mos. 26 ds.* IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Retired Farmer*
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Muhlenberg Co. Mo.*

10 NAME OF FATHER *Don't know*

11 BIRTHPLACE OF FATHER (State or country) *" "*

12 MAIDEN NAME OF MOTHER *" "*

13 BIRTHPLACE OF MOTHER (State or country) *" "*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *L. E. Weckler*

(Address) *Central City, Mo.*

15 Filed *Dec 21, 1919* *L. P. Shreffler* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 21, 1919*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Dec 10, 1919*, to *Dec 19, 1919*, that I last saw him alive on *Dec 19, 1919*, and that death occurred on the date stated above at *7:30 a.m.* The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Contributory (SECONDARY) (Duration) *1* yrs. mos. ds.

(Signed) *T. J. Edge*, M. D.
Dec 22, 1919 (Address) *Yorktown, Ky.*

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death *.....* yrs. mos. ds. In the State *.....* yrs. mos. ds.

Where was disease contracted, if not at place of death? *.....*

Former or usual residence *.....*

19 PLACE OF BURIAL OR REMOVAL *Mt Pisgah Bly* DATE OF BURIAL *Dec 22, 1919*

20 UNDERTAKER *McDonald & Dewitt* ADDRESS *Grandville, Ky.*

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. See instructions on back of certificate.