

Delayed

DELAY

Form T. R. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census
 COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

State File No. 16918
 Registrar's No. 36

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH:
 (a) County BATH
 (b) City or town SALT LICK KY
 (c) Name of hospital or institution:
 (d) Length of stay: In hospital or community _____
 (e) If not in hospital or institution write street number or location:
 (f) If foreign born, how long in U. S. A.?

2. USUAL RESIDENCE OF DECEASED:
 (a) State KY (b) County BATH
 (c) City or town SALT-LICK
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A.?

3(a) FULL NAME JAMES NOBLE WRIGHT

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

4. Sex MALE 5. Color or race WHITE 6. Marital status MARRIED

6(b) Name of husband or wife PEARLIE WRIGHT

6(c) Age of husband or wife if alive 70 Years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 23 Months _____ Days _____ If less than one day _____

9. Birthplace KENTUCKY

10. Usual occupation MERCHANT

11. Industry or business _____

FATHER 12. Name WAGNER - WRIGHT

13. Birthplace KENTUCKY

MOTHER 14. Maiden name BELL - FENNICK

15. Birthplace KENTUCKY

16(a) Informant's own signature Pop Wright

(b) Address SALT LICK

17. BURIAL, CREMATION, OR REMOVAL
 Place JONES CEM Date JUNE 28 1947

18(a) Signature of funeral director Horsman & Powell

(b) Address SALT LICK - KY

19(a) June - 26 - 1947 (b) Wm. Neal Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 22 1947

21. I hereby certify that I attended the deceased from June 22 1947 to June 22 1947 and that death occurred on the date stated above at SRM

Immediate cause of death: anuria, ureteritis

Due to _____

Other conditions: _____

Major findings: _____

Of operation: 94B

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? In or about home, on farm, in industrial plant, in public place? _____
 (Specify type of place)

While at work? _____

23. Signature N.C. Dyer
 Address Dunlapville Date signed 6/23/47

MARGIN RESERVED FOR BINDER

N. B.—WRITE PLAINLY WITH SPREADING INK.—THIS IS A PERMANENT RECORD. 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.