

Government of Kentucky
STATE BUREAU OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
500

27369

PLACE OF DEATH
County Magoffin
Vol. No. _____
Regulation District No. _____
Inc. Town _____
Primary Registration District No. 2165
City Fayetteville No. 5 Ward _____
FULL NAME John T. Wright

File No. _____
Registered No. 1035
If death occurred in a hospital or institution give the name (number of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SPECIAL MARKS, SCARS, WOUNDS, TATTOOS, OR OTHER IDENTIFYING MARKS _____

DATE OF BIRTH April 27, 1870

AGE 64 yrs. 6 mo. 28 da. IF LESS than 1 day, hrs. or min. _____

OCCUPATION (A) Trade, profession, or particular kind of work. Strawmower
(B) General nature of industry, business or establishment in which employed (or employer) _____

BIRTHPLACE (State or country) Kentucky

PARENTS I. NAME OF FATHER Wallace Wright

II. BIRTHPLACE OF FATHER (State or country) Kentucky

III. MARRIAGE NAME OF MOTHER Belle Lemoyne

IV. BIRTHPLACE OF MOTHER (State or country) Kentucky

IS THE ABOVE TRUE TO THE BEST OF MY KNOWLEDGE (Signature) Mr. J. A. Wright
(Address) Balt. Lick, Ky

FILED 11/27/1934 D.A. Furlong, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24, 1934

I HEREBY CERTIFY, That I attended deceased from _____, 1934, to _____, 1934, (last seen alive on _____, 1934, and that death occurred on the date stated above at _____, Ky. The CAUSE OF DEATH was as follows: Senile Dementia with delirium

Contributory (Secondary) _____ (Detailed) _____ yrs. _____ mos. _____ da. (Signed) _____ M. D. _____

LENGTH OF RESIDENCE (FOR HOSPITAL INSTITUTIONS, ETC. STATE OR RECENT RESIDENCE) At place of death _____ yrs. _____ mos. _____ da. State _____ yrs. _____ mos. _____ da. Where was disease contracted, if not at place of death? _____ Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Gones Cemetery DATE OF BURIAL Nov. 26, 1934
UNDERTAKER Bernes & Harman ADDRESS Balt Lick, Ky

WRITE PLAINLY, WITH UNPAID INK—THIS IS A PAPER-BERY RECORD should be carefully supervised. ABS without CEPTATION is very important. See instructions on back of certificate.