

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township MaumPrimary Registration District No. 1002City (No. 907 B-4)File No. 9760Registered No. 1179

St. _____ Ward _____

2. FULL NAME Jessie Wright(a) Residence, No. 907 B-4

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.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe4. COLOR OR RACE Wh5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Dr. W. Wright6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1856

7. AGE

YEARS 81MONTHS 2DAYS 23If LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.none9. 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
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo13. NAME David Chim14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ky15. MAIDEN NAME Martha Short16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo17. INFORMANT Mrs. Phil Murray(ADDRESS) 2715 Perry Ave, N.C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lawn DATE Mar 27 193719. UNDERTAKER Mrs. L. J. Foster(ADDRESS) 918 Brookline Avenue20. FILED Mar 26 1937M. W. Kenome

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1937

22. I HEREBY CERTIFY, That I attended deceased from

March 14 1937 to March 24 1937I last saw her alive on March 20 1937 Death is said
to have occurred on the date stated above, at 3:30 p.m.

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

Cerebral Hemorrhage Date of onset 3/19

Other contributory causes of importance:

Hypertension
Paralysis agitans

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....., 19.....

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? No

If so, specify.....

(Signed) R. O. Brennan(Address) 1 W. Finwood N.C. Mo.

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.

Lr 3019

Ye 5548

3805 Park.

Jim Man
Be in Target.