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

Do not use this space.

22811

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No.
City K. C. Mo. (No. 622 Benton Blvd, St. Ward) — Registered No. 2802

2. FULL NAME Julia Wright
(a) Residence (Usual place of abode) No. Morrison Ridge St., 9 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 9 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): Widow.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Wesley Wright
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 31 - 1861
7. AGE: (68) YEARS: 68 MONTHS: 8 DAYS: 5 — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Elihu Lippitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: F. E. Ransom.
(Address) 3028 E. 18th
15. FILED 7/7, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July - 6 - 1930
17. I HEREBY CERTIFY, That I attended deceased from July 5, 1930, to July 6, 1930, that I last saw her alive on July 6, 1930, and that death occurred, on the date stated above, at 3 pm.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis.
935
(duration) — yrs. 8 mos. — ds.
CONTRIBUTORY (SECONDARY): Don't know.
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED? 906
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms.
(Signed) O. W. Butler, M. D.
7/7, 1930 (Address) 3700 Benton Blvd.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park. — DATE OF BURIAL: July 8 1930
20. UNDERTAKER: Mrs C L Forster — ADDRESS: 918 Brooklyn

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.

to Butler