

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

Do not use this space.

39660

**1. PLACE OF DEATH**

County Jackson  
Township L. C. New  
City West 9<sup>th</sup> (No. 1327, West 9<sup>th</sup>)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 5734  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Emma Wright

(a) Residence. No. 1627 W. 9<sup>th</sup> St. 9 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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kenny Wright

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1877

7. AGE YEARS 53 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Domestic  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Keathville (STATE OR COUNTRY) Mo

10. NAME OF FATHER Robert Good

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Emilene Lopic

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Orulah Lewis (Address) 1627 West 9<sup>th</sup>

15. FILED 1/29/30 M. M. Lewis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-26-1930  
17. I HEREBY CERTIFY, That I attended deceased from 12-26-12-26-30, 1930, to 12-26-30, 1930, that I last saw her alive on 12-26-30, 1930, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar pneumonia - lower R. lobe.  
108  
107A (duration) \_\_\_\_\_ yrs. ? mos. ? ds.

CONTRIBUTORY Bronchopneumonia (SECONDARY) (duration) 0 yrs. 0 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED? At home. (IF NOT AT PLACE OF DEATH) \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS History + Physical (Signed) Albert J. Peterson, M. D.

12-26-1930 (Address) 804 Huron Bldg.

\*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 Glenwood Cem DATE OF BURIAL 12-29-30  
20. UNDERTAKER H. D. Moore ADDRESS 1830 E 1/8.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

804-11 Heron Bldg.  
Dr 2041