

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

Do not use this space.

1326

**1. PLACE OF DEATH**

County Jackson

Registration District No. 112

Township New

Primary Registration District No. 3420 Prospect

City Jackson City (No. 3420 Prospect)

File No. 139

Registered No. 139

St. Fulton Ward no

**2. FULL NAME**

(a) Residence. No. 3420 Prospect St. Fulton Mo. (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 0 ds. How long in U.S., if of foreign birth? yrs. 0 mos. 0 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|                                                                                                                                                                                                                       |                                  |                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------|
| 3. SEX<br><u>F.</u>                                                                                                                                                                                                   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Samuel Wright</u>                                                                                                                                  |                                  |                                                                            |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>11-28-1875</u>                                                                                                                                                              |                                  |                                                                            |
| 7. AGE                                                                                                                                                                                                                | YEARS<br><u>55</u>               | MONTHS<br><u>1</u>                                                         |
|                                                                                                                                                                                                                       | DAYS<br><u>14</u>                | If LESS than 1 day, ..... hrs. or ..... min.                               |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work <u>Housewife</u><br>(b) General nature of industry, business, or establishment in which employed (or employer)<br>(c) Name of employer |                                  |                                                                            |

9. BIRTHPLACE (CITY OR TOWN) Ashland  
(STATE OR COUNTRY) Boone County, Mo.

|                                                                              |                                                                               |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| PARENTS                                                                      | 10. NAME OF FATHER<br><u>Eliza Crump</u>                                      |
|                                                                              | 11. BIRTHPLACE OF FATHER (CITY OR TOWN)<br>(STATE OR COUNTRY) <u>Virginia</u> |
|                                                                              | 12. MAIDEN NAME OF MOTHER<br><u>Miss Jones</u>                                |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)<br>(STATE OR COUNTRY) <u>Unknown</u> |                                                                               |

14. INFORMANT E. H. Geary  
(Address) 3420 Prospect (Dexter Club)

15. FILED Jan 12 1931 M. M. Coyle REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12<sup>th</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan - 07, 1931, that I last saw her alive on Jan 11, 1931, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Rheumatic Valvular Heart Disease (Tricuspid Stenosis)  
9<sup>th</sup> to 10<sup>th</sup> year coming in  
enlargement of lesion  
about 1 year

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF BIRTH 9000

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 2000  
(Signed) G. H. Williams M.D.  
112, 1931 (Address) 615 Cleburne 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 Fulton Mo. DATE OF BURIAL Jan 14 1931

20. UNDERTAKER Melody-McKelley Fun Home K. E. Mo ADDRESS

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.

2:41

2:41:00 2:41:00

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