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.

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

Do not use this space.

14436

1. PLACE OF DEATH
County Jackson — Registration District No. 392
Township Kaw — Primary Registration District No. 3002
City Kansas City (No. Sherman Hotel St. Ward)
File No. 1556
Registered No. 1556

2. FULL NAME Bertie Lemoine Seright
(a) Residence. No. 4029 Charlotte St., 6th Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. 70 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara A. Seright

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 19 1870

7. AGE: 60 years — MONTHS: ~~6~~ 5 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Gardner
(b) General nature of industry, business, or establishment in which employed (or employer): Park Board of
(c) Name of employer: Kansas City, Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasanton, Kansas; Lynn County, Kans

PARENTS
10. NAME OF FATHER: G W Seright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Green Castle Indiana
12. MAIDEN NAME OF MOTHER: Elizabeth Speaks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pleasanton Lynn County Kans.

14. INFORMANT: Mrs B L Seright
(Address) 4029 Charlotte

15. FILED 4/27, 1931 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/27 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to April 27, 1931, that I last saw him alive on April 27, 1931, and that death occurred, on the date stated above, at 4:05 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of colon.
46C
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Cardiac failure
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 46C
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 31 1931
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History, Physical, and Operation
(Signed) Jess V. Bell, M.D.
April 27, 1931 (Address) 1152 Professional Bldg Kansas

*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: Atcheson Kans — DATE OF BURIAL: 4/29 1931

20. UNDERTAKER: Harouff Bros — ADDRESS: Atcheson Kans