

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

Do not use this space.

25241

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 2643 East 6 St)

Registration District No. 398
Primary Registration District No. 300

File No. 3242
Registered No. 3242
St. _____ Ward _____

2. FULL NAME

Mrs. Mary S. Lewright

(a) Residence, No. 2643 East 6 St, _____ St., _____ Ward.

Length of residence in city or town where death occurred 14 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (NAME OF HUSBAND OR (OR) WIFE OF) <u>John W. Lewright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8, 1856</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. 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) <u>Virginia</u>		
FATHER	13. NAME <u>Sprinkle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mr. Jerome Lewright 2643 East 6 St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Washington</u> DATE <u>July 29, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Newcomer's Sons 6 Mo</u>		
20. FILED <u>July 28, 1931</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1930 to July 27, 1931
I last saw her alive on July 27, 1931. Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (Date of onset 7-2-43!)
Hemiplegia 93
82H

Other contributory causes of importance:
Chronic Myocarditis
Several Years

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

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 what 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) James T. Davis, M. D.
(Address) 659 Park Ave

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.

WHITE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

659 Park