

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

Do not use this space.

9551

1. PLACE OF DEATH

County Jackson Registration District No. 000
 Township Kaw Primary Registration District No. 000
 City Kansas City (No. 6614 Hughe St. _____ Ward _____)

File No. _____
 Registered No. 1151

2. FULL NAME Lou Wright

(a) Residence, No. 6614 Hughe St. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Kansas City
 (STATE OR COUNTRY) Missouri

13. NAME Morris Hayes

14. BIRTHPLACE (CITY OR TOWN) Dover
 (STATE OR COUNTRY) Delaware

15. MAIDEN NAME Eliza Curtis

16. BIRTHPLACE (CITY OR TOWN) Henricks County
 (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Alice Staring
 (ADDRESS) 614 Hughe

18. BURIAL, CREMATION, OR REMOVAL See V
 PLACE Wm. Washington DATE 3-9-1933

19. UNDERTAKER Sliger & Co.
 (ADDRESS) 3239 Wellman Plaza

20. FILED March 8 1933 M. M. Brown
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933, to March 7, 1933
 I last saw her alive on March 7, 1933. Death is said to have occurred on the date stated above, at _____ P. M. 8:30
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 1-16-33

Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 whether 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?
 If so, specify _____
 (Signed) E. S. Merriam, M. D.
 (Address) 1318 Bryant Bldg. T.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1972 of ...

ST. ...

ST. ...

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