

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

Do not use this space.

36644

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 3121 Woodland)

Registration District No. 399  
Primary Registration District No. 10021

File No. 4567  
Registered No. 4567  
St.          Ward         

**2. FULL NAME**

(a) Residence, No. 3121 Woodland Ward.           
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Sam B. Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	33	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 73

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 100

10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation 73

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

13. NAME Daniel W. Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Tenn

15. MAIDEN NAME Cora Imbrie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Dr. Sam B. Stewart (ADDRESS) 3121 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mariah DATE Nov. 21 1933

19. UNDERTAKER Cyclar Funeral Home (ADDRESS) 722 E. 10th

20. FILED Nov. 21 1933 M. M. Grove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1933 to Nov 19 1933  
last saw her alive on Nov 19 1933. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar  
influenza, Bronchus  
& collapse.

Other contributory causes of importance:  
Tubercular said to  
be of 40 yrs standing  
Pulmonary tuberculosis

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) St. Conrad Aug, M. D.  
(Address) 3922 Bell St

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.

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

