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.

OCT 17 1934

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

Do not use this space.

File No. 32737

Registered No. [illegible]

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Swope Park St. Ward)

Registration District No. 893
Primary Registration District No. 10[illegible]

2. FULL NAME WILLIAM WRIGHT
(a) Residence, No. 4000 Charlotte 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
35	3	10	

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

FATHER
13. NAME Edward C. Wright
14. BIRTHPLACE (CITY OR TOWN) Cambridge
(STATE OR COUNTRY) Massachusetts

MOTHER
15. MAIDEN NAME Annie Porter
16. BIRTHPLACE (CITY OR TOWN) St. Johnsbury
(STATE OR COUNTRY) Vermont

17. INFORMANT Mrs. Juliet Wright
(ADDRESS) 4000 Charlotte St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Washington cem. DATE 9-4 1934

19. UNDERTAKER Stinson & McClure
(ADDRESS) 3238 Wilkerson Place

20. FILED 9/3 1934 M. M. Crowley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/1/34 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
of the Chest	
167	

Other contributory causes of importance:

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) ....., M. D.
(Address)

FEB 4 1942