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.

MAR 21 1936

5928

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. KC General Hosp St. Ward)

2. FULL NAME Wright Infant
(a) Residence, No. 2037 Washington 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) S.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17, 1936 Stillborn
7. AGE YEARS MONTHS DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mo.

FATHER
13. NAME Glenn A. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Edith McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colo.

17. INFORMANT (ADDRESS) Glenn A. Wright 2037 Wash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 2-12-36, 19

19. UNDERTAKER (ADDRESS) Peter B. Lopeting 536 Campbell

20. FILED 2/11, 1936 M. M. Chrome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1936, to 2-8, 1936
I last saw her alive on 2-8, 1936. Death is said to have occurred on the date stated above, at 7:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity; Bronchopneumonia	
1070	

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) [illegible], M. D.
(Address) Supt KC Gen Hosp