MAR 21 1936

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

Do not use this space.
5978

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo. (No. 307 N. White St. ..... Ward)

File No. .....
Registered No. 7103

2. FULL NAME Daniel Herman Wright
(a) Residence, No. 307 N. White 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11, 1862

7. AGE: Years 73 — Months 11 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmers National Grain Co.
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) Pa

FATHER
13. NAME Joshia Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Melessa Carmen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT Mrs. Pearl Warens,
(ADDRESS) 812 White Ave. K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Feb. 14, 1936

19. UNDERTAKER C.H.Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C.Mo.

20. FILED 2/13 1936 M. M. Gromer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12-36 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1936, to Feb. 12, 1936
I last saw him alive on Feb 12, 1936. Death is said to have occurred on the date stated above, at 1 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/4.36
108	

Other contributory causes of importance:
Chronic Interstitial Nephritis

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) R. Hudgins, M. D.
(Address) 5400 St. John Ave. K.C.Mo.

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.

3-6

321 N. Van Brunt BE 0490