

APR 8 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 9832

Township

Primary Registration District No. 1002Registered No. 1500City Kansas City(No. mercy hospital)

St.

Ward)

2. FULL NAME Wright, JERRE LEE(a) Residence, No. Eldorado Springs Mo. St. Ward. Eldorado Springs Mo.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 4 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14, 19287. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
9 1 14

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

Student

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) Eldorado Springs, Mo.13. NAME Herbert Wright14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neodesha Mo15. MAIDEN NAME Mabel Strader16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Scott Kans17. INFORMANT (ADDRESS) Hosp. Records18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Apr 1 193719. UNDERTAKER (ADDRESS) R. W. Fulton  
Pons City, Kans20. FILED 3-31 1937 M. M. Crowe, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 193722. I HEREBY CERTIFY, That I attended deceased from 1-24 1937, to 3-28 1937.I last saw her alive on March 28 1937 Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Rheumatic Pancarditis (card) Date of onset Admit56Other contributory causes of importance: (Cardiac Decompensation, leading to Pancarditis)Name of operation None Date ofWhat test confirmed diagnosis? EC (Chuse) Was there an autopsy? No

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) J. H. Brown M. D.(Address) 700 W. 13th St.S. J. Pakula, M.D.

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.

1-10314

