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.

REC'D MAY 17 1938

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

Do not use this space.

14373

1. PLACE OF DEATH

County Clay

Township Gallatin

City North Kansas City, Mo. (No. ..., home St. ..... Ward)

Registration District No. 197

Primary Registration District No. 5276A

File No. .....

Registered No. .....

2. FULL NAME Mrs. Nellie Wright 623

(a) Residence, No. 1020 E. 22nd St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jesse Albert Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9, 1863

7. AGE: YEARS 74 | MONTHS 9 | 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.: housewife

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): Lincolnshire, England

FATHER

13. NAME: William Gilby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Mary Ann Cupit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Miss Carrie Wright 1020 E 22 North K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Oakland Cem. Holt, Mo. DATE: April 12, 1938

19. UNDERTAKER (ADDRESS): Morton Funeral Home North Kansas Cityk Missouri.

20. FILED May-6, 1938 Viola C. Moyer Dep. L. M. A. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1938, to Apr 9, 1938

I last saw her alive on Apr 9, 1938. Death is said to have occurred on the date stated above, at 3:50 pm.

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

Essential hypertension c̄ apoplexy

Date of onset

Other contributory causes of importance: 82 N

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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) Commercial Bldg N.K.C.

179