REC'D AUG 8 1938

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

Do not use this space.

24143

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Kaw — Primary Registration District No. — Registered No. 2648
City Kansas City, Mo. (No. 709 Spruce St. Ward)

2. FULL NAME Mrs. Martha C. Wright 623
(a) Residence, No. 709 Spruce St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 6, 1859

7. AGE: YEARS 79 — MONTHS 4 — DAYS 24 — 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): Missouri 0

FATHER
13. NAME: Jefferson Nance 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

MOTHER
15. MAIDEN NAME: Marilda Abernathy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Wm. P. Wright, 709 Spruce, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem, Mo. DATE July 3-38, 19

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

20. FILED 7-2, 1938 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to June 30, 1938
I last saw her alive on June 25, 1938. Death is said to have occurred on the date stated above, at 1:40 m. PM
The principal cause of death and related causes of importance were as follows:

Toxemia, Gangrene of Left foot, 99

Date of onset

Other contributory causes of importance:
Thromboangiitis Obliterans, 1

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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? 1
If so, specify .....
(Signed) Dr Frank Clay M. D.
(Address) 4316 E 9th
K.C. Mo.

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.

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