

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

Do not use this space.

19723

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Howe Primary Registration District No. 1002
City Kansas (No. 1322) Charlotte St. _____ Ward _____

File No. _____
Registered No. 2495
St. _____ Ward _____

2. FULL NAME William M. Wright

(a) Residence, No. 1322 Charlotte St. _____ Ward _____
(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 Male 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19 - 1870

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>5</u>	<u>20</u>	

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

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) Unionville, Missouri

13. NAME William Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri

15. MAIDEN NAME Lura Burgess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri

17. INFORMANT Forster Wright
(ADDRESS) 1322 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 22, 1933

19. UNDERTAKER Carson Funeral Home
(ADDRESS) Independence, Mo

20. FILED June 11, 1933 W. M. Corne Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9/33 1933

2. I HEREBY CERTIFY, That I attended deceased from Dr. J. G. Brown, 1933

I last saw Dr. J. G. Brown alive on _____, 1933. Death is said to have occurred on the date stated above, at A m.

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

Arteriosclerosis
Chronic myocardial infarction
Age 62

Other contributory causes of importance: 940

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy as there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

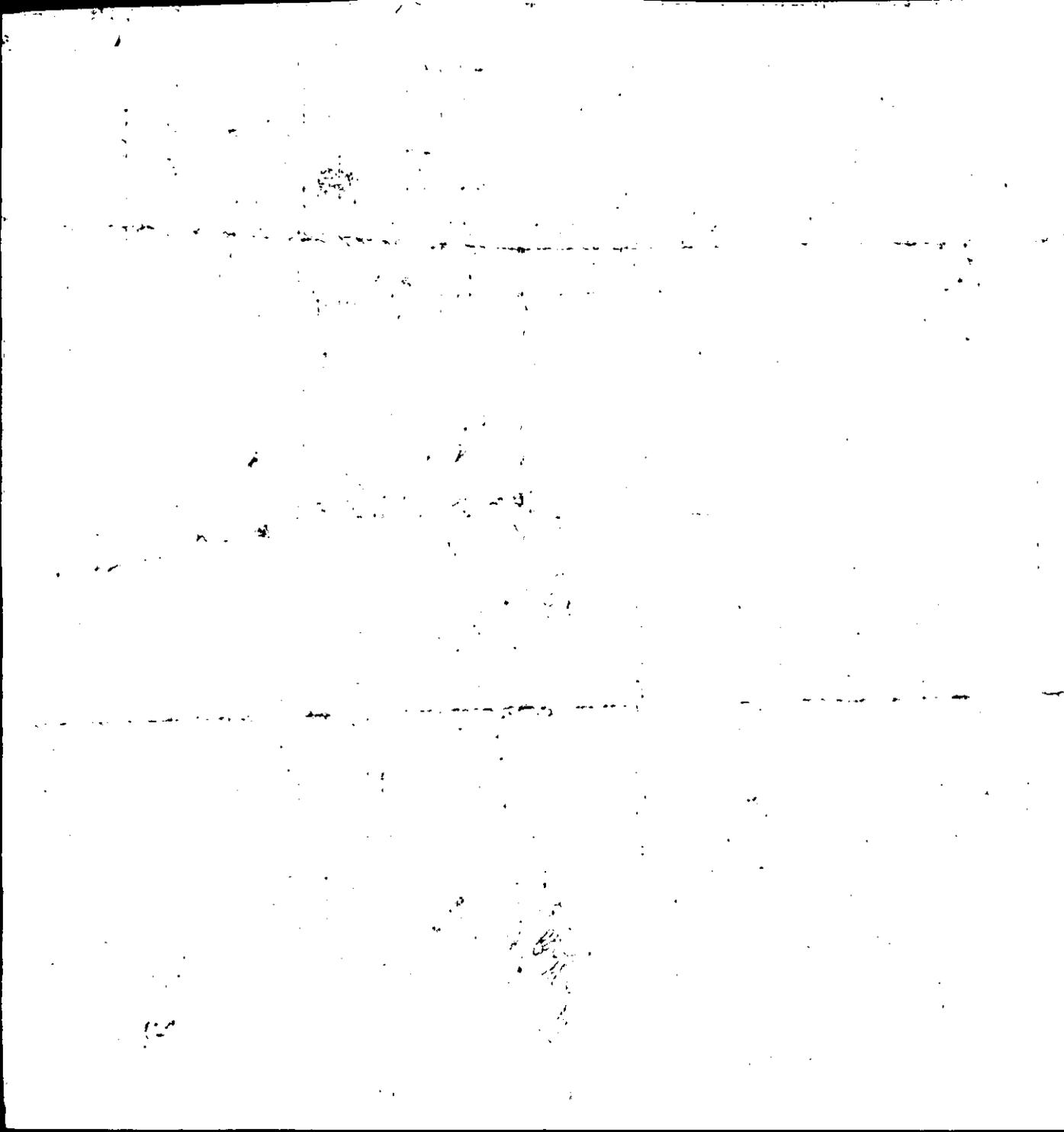
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) W. M. Corne (Address) 1322 Charlotte

29
1
3
3

CRUISE OF DEATH



Averson, Chairman
elah, Vice-Chairman
nie, Treasurer
B. Buckley
Wahlstedt
others
T. Pendergast
Small
B. Jeffress

AMERICAN LEGION
REHABILITATION COMMITTEE

AMERICAN LEGION
EMPLOYMENT COMMITTEE
AMERICAN LEGION
CHILD WELFARE COMMITTEE

Executive Secretary and
Counsel
6th Floor Medical Arts Bldg.
Phone Logan 6010

Mrs. Charles F. Heer
Home Service Secretary
Phone Benton 5123

KANSAS CITY, MISSOURI

July 11, 1933.

RECEIVED

JUN 12 1933

THE STATE BOARD OF HEALTH
OF MISSOURI

Bureau of Vital Statistics,
Jefferson City, Missouri.

Re: WRIGHT, William M.
1322 Charlotte St.,
Kansas City, Mo.

Gentlemen:

I am enclosing herewith the Death Certificate forwarded me, which is in error. This man's middle initial is "M".

I should appreciate it if you would correct this Certificate so that I can present the same to the Veterans Administration.

I knew this man personally; was his attorney in the estate, and know that the correct initial is "M".

Thanking you for your courtesy, I am

Respectfully yours,



H. N. Morgan
Associate Counsel

HN:M:BHB

1933

S-19723