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

Do not use this space.

File No. 1578

Registered No. 266

1. PLACE OF DEATH
County: Jackson
Registration District No.: 399
Township: Kaw
Primary Registration District No.: 1002
City: Kansas City, Mo. (No. 2816 East 40th St, St., Ward)

2. FULL NAME: Mrs. Anna Wright
(a) Residence, No. 623 2816 East 40th St, 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: 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 Jackson Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 7, 1860

7. AGE: Years 77; Months; Days 9; 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): Illinois

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Harriett Kendall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

17. INFORMANT: Mrs. Ethel Vetter
(ADDRESS) 2816 East 40th St. K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: Jan. 18-38, 19

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

20. FILED: Jan 17, 1938 M. M. Grove, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 16 -38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1937, to 1-16, 1938
I last saw her alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 8:30 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
c Arteriosclerosis	
93c	
Other contributory causes of importance:	
Hypertension	? yrs.
Alcoholism	? yrs.

Name of operation: None Date of —
What test confirmed diagnosis? Phys. Exam 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? No
If so, specify
(Signed) Thaw B. Fink M.D., M. D.
(Address) 9-4 Pry Bldg Kansas City 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.

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FEB 18 1938

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