

RECD APR 12 1939

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

9127  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .... 1008  
(b) Township ..... Primary Registration District No. .... Registered No. 2892  
(c) City or Saint Louis (d) Street No. 4447 West Belle Place St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME <sup>623</sup> Artiemissie Wright

(a) Residence, No. 4447 West Belle Place St. // (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 10 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Murfreesboro (STATE OR COUNTRY) Tennessee

FATHER 13. NAME George Jetton

14. BIRTHPLACE (CITY OR TOWN) Murfreesboro (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Nancy-Unavailable

16. BIRTHPLACE (CITY OR TOWN) Murfreesboro (STATE OR COUNTRY) Tennessee

17. INFORMANT R. Q. Wright (ADDRESS) 4447 West Belle Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE Mar. 28, 1939

19. FUNERAL DIRECTOR (NAME) Charles J. Gates (ADDRESS) 4107-09 Finney Avenue

20. FILED MAR 27 1939 J. P. Budich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 16th, 1939 to March 25th, 1939

I last saw her alive on March 25th, 1939 Death is said to have occurred on the date stated above, at 12:28 a.m.

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

Endocarditis Acute caused by Inflammatory rheumatism acute Date of onset 5/6/39

Other contributory causes of importance:

Acute Inflammatory Rheumatism caused by B. rheumatoides Name of operation None 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? No If so, specify (Signed) J. L. Perry, M. D. (Address) 4452 Kennerly Avenue

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.

**STATEMENT BY LICENSED EMBALMER**

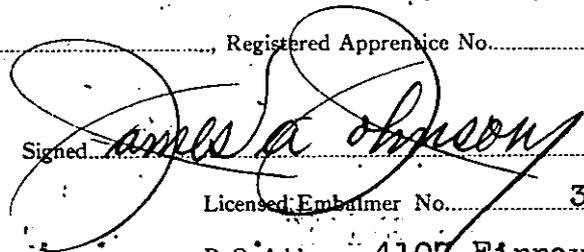
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**James A. Johnson**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No..... **3522**

P. O. Address..... **4107 Finney Avenue**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**