AUG 24 1928

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

Do not use this space.

1. PLACE OF DEATH
County: LACLEDE — Registration District No.: 444 — File No.: 24272
Township: OSAGE — Primary Registration District No.: 3-6-18 — Registered No.: 1480
City ..... No. ..... St. ..... Ward)

2. FULL NAME: John Light
(a) Residence (Usual place of abode) No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susan E. Starnes

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 2, 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	5	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn

PARENTS
10. NAME OF FATHER: Wright Light
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Va. S.
12. MAIDEN NAME OF MOTHER: Betsie Dalton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Va. S.

14. INFORMANT: Will Light
(Address): Oakland Mo

15. FILED: 7/6, 1928 — J M Billing, REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4 1928

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to July 4, 1928, that I last saw him alive on July 4, 1928, and that death occurred, on the date stated above, at 12 midnight.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
42H
82.0
162
(duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (SECONDARY): Paralysis Agit age
(duration) ..... yrs. ..... mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) T. J. Casey, M. D
, 19 (Address) Belleau Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oakland Mo — DATE OF BURIAL: 7-6 1928
20. UNDERTAKER: Palmer — ADDRESS: Clarion

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very