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

Do not use this space.

7997

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 1623

City St Louis (No. St Anthony Hospital St. ..... Ward)

2. FULL NAME Samuel Charles Brightman

(a) Residence. No. 5807 Enright Ave. St. 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alberta J. Brightman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 7, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	5	25	

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

9. BIRTHPLACE (CITY OR TOWN) Lancaster
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Samuel C. Brightman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jeannette Forsha
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canada
(STATE OR COUNTRY)

14. INFORMANT Mrs Alberta J. Brightman
(Address) 5807 Enright Ave

15. FILED ..., 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to Feby 2, 1929, that I last saw him alive on Feby 2, 1929, and that death occurred, on the date stated above, at 4 40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholelithiasis (gall stones)
126
123
(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Operation for removal of gall bladder was followed by Surgical Shock (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feby 1-1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation & pathological
(Signed) [signature], M. D.
Feby 2, 19 9 (Address) 927 M. Theatre Bldg

*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	DATE OF BURIAL
Lancaster Mo	Feby 4 1929

20. UNDERTAKER	ADDRESS
Elmer Shepard	1167 Hamilton Ave

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.

Dr Willis Young
[illegible]

3620 B[illegible]