

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

Do not use this space.

40009

1. PLACE OF DEATH

County Cedar
Township Boonville
City Boonville (No. 164) St. Boonville Ward 1

Registration District No. 164
Primary Registration District No. 5229

File No. 76
Registered No. 76

2. FULL NAME

Ruby Marie Bright

(a) Residence. No. 164 St. Boonville Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX J 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(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) Cedar Co. Mo.

10. NAME OF FATHER John Bright

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Bedder Bishop

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Vir.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 29 1929 to Dec 1 1929 that I last saw her alive on Nov 30 1929, and that death occurred, on the date stated above, at 3:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
7
1678

CONTRIBUTORY (SECONDARY) Measles

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Signed T. W. Rayston, M. D.

Dec 2, 1929 (Address) Boonville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VOLUNT 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

Oliver Branch 12/1 1929

20. UNDERTAKER ADDRESS

Worm-Sellers, Eldorado, Kansas Mo.

14. INFORMANT (Address) John. Bright

Monterello, Mo.

15. FILED 12-4, 1929 F. M. Davis REGISTRAR

