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.

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

Do not use this space.

6832

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 1668

City St. Louis Mo. (No. 4237 Gibson Ave, St. ..... Ward)

2. FULL NAME Zebedde Light

(a) Residence. No. 4237 Gibson Ave, St., 18 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	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 Joan Light

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/5/1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	2	8	

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

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

PARENTS

10. NAME OF FATHER Wright Light

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

12. MAIDEN NAME OF MOTHER Mable Bailey

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

14. INFORMANT Sadie Light
(Address) 4237 Gibson ave

15. FILED FEB 17 1930 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/13/30 19

17. I HEREBY CERTIFY, That I attended deceased from 2-1- 1930 to 2-13 1930 that I last saw him alive on 2-12 1930, and that death occurred, on the date stated above, at 5.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation
92A
97 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Mitral Fruitfolic Murmur
(Signed) J. S. Sheets M. D.
2-16, 1930 (Address) 4398 S Choulean

*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
Rolla Missouri.	2/14/30

20. UNDERTAKER McLaughlin ADDRESS 1631 Mo. ave.

#598 [illegible]
2-4
2612 Gurney