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

Do not use this space.

26085

1. PLACE OF DEATH
County St. Louis — Registration District No. 780
Township St. Ferdinand — Primary Registration District No. 60-30
City Vigus (No. Vigus, Mo St. Ward)

File No.
Registered No.

2. FULL NAME Fred Ray Bright
(a) Residence. No. Valley Park Mo St., 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	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-23-1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	23	6	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) at bathing beach
(c) Name of employer Harry Arnold

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

PARENTS
10. NAME OF FATHER Frank Bright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Effingham
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Minnie Rue
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin Co
(STATE OR COUNTRY) Mo

14. INFORMANT Leonard Bright
(Address) Valley Park, Mo

15. FILED 7/7, 1931 Dr. Carl J. Kaantz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July-4 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 7:30-P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
result of traumatism following a fist fight.
(duration) 1758 yrs. 82 mos. ds.

CONTRIBUTORY (SECONDARY) 175
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Vigus [illegible]
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & History
(Signed) John O'Connell, M. D.
7/6, 1931 (Address) Coroner St. Louis Co.

*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
Bethel Cem. Pond, Mo	July-8 1931

20. UNDERTAKER	ADDRESS
Schrader U. Co	Ballwin, Mo

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.

JUL 2 1931