

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

Do not use this space.

8936

**1. PLACE OF DEATH**

49 County Jasper  
11 Township Webb City  
7 City Webb City (No.       )

Registration District No. 417  
Primary Registration District No. 3021

File No. 33  
Registered No. 417-33  
St.        Ward       

**2. FULL NAME**

(a) Residence. No. 315 N. Ball 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 8 24

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

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Ill

PARENTS  
10. NAME OF FATHER Unknown Bright  
11. BIRTHPLACE OF FATHER (CITY OR TOWN)        (STATE OR COUNTRY) Ill  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)        (STATE OR COUNTRY) Ill

14. INFORMANT Peter A. Bright  
(Address) Carterville, Mo.

15. FILE 3/24 1932 R. M. Starnow  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1932

17. I HEREBY CERTIFY, That I attended deceased from July 6 1931 to March 23 1932.  
(Has I last saw h.        alive on March 23 1932, and that death occurred, on the date stated above, at 10:50 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetic Mellitus

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH         
8 DID AN OPERATION PRECEDE DEATH?        DATE OF         
WAS THERE AN AUTOPSY?         
WHAT TEST CONFIRMED DIAGNOSIS?         
(Signed)        M. D.  
3/24 1932 (Address) Webb City Mo

CONTRIBUTORY (SECONDARY) Angrene of foot  
(duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH         
8 DID AN OPERATION PRECEDE DEATH?        DATE OF         
WAS THERE AN AUTOPSY?         
WHAT TEST CONFIRMED DIAGNOSIS?         
(Signed)        M. D.  
3/24 1932 (Address) Webb City 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 Webb City Cemetery DATE OF BURIAL 3/25 1932

20. UNDERTAKER Webb City Undertaker ADDRESS Webb City

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.  
APR 27 1932

