

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.

AGE 22 1932

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

Do not use this space.

22176

File No. \_\_\_\_\_  
Registered No. 176  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
16 County Cape Girardeau, Mo. Registration District No. 125  
1 Township \_\_\_\_\_ Primary Registration District No. 2009  
8 City \_\_\_\_\_ (No. 934 N. Spanish)  
2. FULL NAME Mrs. Ellen Mary Bright  
(a) Residence, No. 934 N. Spanish St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12-1931</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>6</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau, Missouri</u>		
FATHER	13. NAME <u>A. A. Bright</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Christine Maewers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Egypt Mills, Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. A. A. Bright</u> <u>934 Spanish</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Egypt Mills, Mo.</u> DATE <u>July 18, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Cape Girardeau, Mo.</u>		
20. FILED <u>7-18</u> 19 <u>32</u> <u>evk/maewers</u> Registrar		

N MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932 to July 17, 1932  
I last saw her alive on July 17, 1932 Death is said to have occurred on the date stated above, at 6:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Acute Colitis and acute indigestion Date of onset July 16

Other contributory causes of importance:  
1190  
119

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_  
Where did injury occur? no  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
no  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Dr. H. Howard, M. D.  
(Address) Cape Girardeau, Mo.

