

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

Do not use this space.

22958

1. PLACE OF DEATH

County Jackson
Township KAW
City K. C. Mo. (No. _____)

Registration District No. _____
Primary Registration District No. _____
Wesley Hospital

File No. 2870
Registered No. _____
St. _____ Ward _____

2. FULL NAME Miss Helen Bright

(a) Residence, No. 2312 Poplar St. 12 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6th, 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	24	-	16	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary to School Superintendent 256
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) Hardin Mo. 1

FATHER 13. NAME Arch Bright 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

MOTHER 15. MAIDEN NAME Amanda Kirckpatrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo. 1

17. INFORMANT Emmert Hogan (ADDRESS) St. Louis Mo.

18. BURIAL CREMATION OR REMOVAL TO PLACE Richmond Mo. DATE 7/23/32 19.

19. UNDERTAKER Melody-Mc Gilley (ADDRESS) K. C. Mo.

20. FILED 7/23 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1932 to 7-22, 1932

I last saw him alive on 7-22, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Septicemia following surgical intervention Date of onset 12/1/32
see below 7/24/32

Other contributory causes of importance: Perforated appendix ①

Name of operation Appendectomy Date of 7/19/32

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury _____, 19____

Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no
(Signed) M. M. Crowe, M. D.
(Address) 6235 E. 15

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.

Handwritten text, possibly a signature or initials, located in the lower-left quadrant of the page. The text is oriented diagonally and appears to be written in dark ink on a light background.