

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

Do not use this space.

26378

1. PLACE OF DEATH
 County Jackson Registration District No. 389
 Township Kaw Primary Registration District No. 3007
 City Kansas City (No. Brooklyn + Cliff drive) St. 3286 Ward

2. FULL NAME Thomas L. Brighton
 (a) Residence, No. 5620 Forest St., 15 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 M. 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 18 - 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>30</u>	<u>1</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Checker 253

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Country Club Dairy 167

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) Springfield, Mo.

13. NAME Thos. C. Brighton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dundee Scotland

15. MAIDEN NAME Flourice M. Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Mo.

17. INFORMANT Campbell, M. Brighton
 (ADDRESS) 432 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE Aug 30, 1932

19. UNDERTAKER (ADDRESS) 2014 N. Homer
H. C. Crowe

20. FILED 8/29, 1932 M. M. Crowe
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance:
167

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____

(Signed) Flourice M. Jackson, M. D.
 (Address) Ray, 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.

