

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

Do not use this space.

27211

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Manchester No. Manchester Nursing Home St. _____ Ward)

2. FULL NAME

(a) Residence, No. Manchester Nursing Home St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Bright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 22-1845</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>8</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>nil</u>	11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Invalid</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Geo. Bright Overland, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mordecai</u>	DATE <u>8-30-1932</u>	
19. UNDERTAKER (ADDRESS) <u>Sammy Bros Overland, Mo.</u>		
20. FILED <u>8/30</u> 19 <u>32</u>	<u>L. C. Barstow</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1930 to 8-27 1932
 I last saw him alive on 8-26 1932 Death is said to have occurred on the date stated above, at 8:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Sclerosis Date of onset _____
97
16
90
 Other contributory causes of importance:
Senility
 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) L. C. Clark M. D.
 (Address) Overland, Mo.

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.

SEP 27 1932

