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

Do not use this space.

34052

File No. .....

Registered No. 9405

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Harry Bright

(a) Residence, No. 2142 Walbut St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-2-1893

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	11	20	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Oliver Bright

14. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Ida Mae Hull

16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

17. INFORMANT C. G. Crept
(ADDRESS) City Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Mo DATE 10/23 1932

19. UNDERTAKER A. Russell Lynch Co
(ADDRESS) 3736 Finney Blvd

20. FILED OCT 23 1932 19 Mae Hanson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1932 to 10-22, 1932

I last saw h. alive on 10-22, 1932 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

	Date of onset
Pulmonary Tuberculosis	
23A 23	
Other contributory causes of importance:	

Name of operation None Date of .....

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? .....

If so, specify .....

(Signed) C. M. Smith, M. D.

(Address) City Hospital #2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD