

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

Do not use this space.

17499

**JUN 27 1935**

**1. PLACE OF DEATH**

County Pandolph Registration District No. 735  
 Township Shively Creek Primary Registration District No. 3094  
 City Moberly (No. ....) St. .... (Ward)

File No. ....  
 Registered No. 102

**2. FULL NAME**

Amos Charles Bright  
 (a) Residence, No. 409 S. 4th St. .... Ward. ....  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marile W. Eastman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>83</u>	MONTHS <u>3</u>
	DAYS <u>20</u>	If LESS than 1 day, hr. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1933, to March 20, 1935

I last saw him alive on 5/20, 1935 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Date of onset

Other contributory causes of importance:

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) Paul C Davis, M. D.

(Address) Moberly Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>Louis Bright</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Levina M. Guarn</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT <u>Daughter Mrs. J. B. Holman</u> (ADDRESS) <u>409 S. 4th Moberly</u>
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funerary</u> DATE <u>May 22</u> , 19 <u>35</u>
	19. UNDERTAKER <u>Snay Funeral Home</u> (ADDRESS) <u>Moberly Mo.</u>
	20. FILED <u>5/21</u> , 19 <u>35</u> <u>Virginia Walker</u> Registrar.

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.

