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.

1 JUL 25 1935

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

Do not use this space.

20449

1. PLACE OF DEATH
County MONROE — Registration District No. 927 — File No.
Township JEFFERSON — Primary Registration District No. 5781B — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME MATHEW V. BRIGHT.
(a) Residence, No. ..... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: LOLA E. BRIGHT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 14, 1863

7. AGE: YEARS 71 — MONTHS 6 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER
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): JUNE 1935.
11. Total time (years) spent in this occupation: LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MONROE CO. MO.

FATHER
13. NAME: JAS. M. BRIGHT.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VA.

MOTHER
15. MAIDEN NAME: SUSAN MAPPIN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. K.

17. INFORMANT (ADDRESS): Mrs. ELKIN BOOTH R. 1, PERRY, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: PLESANT HILL DATE: 6/25 1935

19. UNDERTAKER (ADDRESS): Speed & Blakey Paris, Mo.

20. FILED: JUN 24 1935 Mrs A. W. Bousman Registrar.
July 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JUN 23 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1935 to June 23, 1935
I last saw him alive on June 23, 1935. Death is said to have occurred on the date stated above, at 9:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Coronary Artery	
Other contributory causes of importance: Arteriosclerosis	

948

Name of operation ..... 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? NO
If so, specify .....
(Signed) M. C. McMurry, M. D.
(Address) Paris Mo.