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.

DEC 18 1936

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

Do not use this space.

40464

**1. PLACE OF DEATH**

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1445

City St. Joseph (No. 415 E. Franklin St. Ward)

**2. FULL NAME** Ollie Mae Bright

(a) Residence, No. 415 E. Franklin St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | Colored | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert T. Bright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 8, 1878.

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 58 | 7 | 11 | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 11/16/36.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Falls, Kansas

FATHER

13. NAME Henry Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West India Island

MOTHER

15. MAIDEN NAME Georgia Ann Easter

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

17. INFORMANT (ADDRESS) Dorothy Madison 415 E. Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE 11/23/'36. 19

19. UNDERTAKER (ADDRESS) Graves Funeral Home 806 S. 17th Street.

20. FILED Nov 23 1936 H J Nesthaus Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 36

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 36, to Nov 19 36, 19

I last saw her alive on Nov 19 36, 19 Death is said to have occurred on the date stated above, at 7 30 p m.

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

| | Date of onset |
|---|---|
| Labor Pneumonia Double | 3 days |

Other contributory causes of importance:

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) [illegible], M. D.

(Address) 216 W. 10 Ave