

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

Do not use this space.

SEP 15 1937

1. PLACE OF DEATH

County Camden
Township Anglaize
City (No. _____) _____

Registration District No. 275
Primary Registration District No. 5170 B

File No. 30308

Registered No. _____
St. _____ Ward _____

2. FULL NAME Noah Light

(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 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie Elizabeth Light

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 8-7 3 9

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. farming

10. Date deceased last worked at this occupation (month and year) July 1934 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Stoutland Mo Camden Co

13. NAME Iseal Light

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

15. MAIDEN NAME Anna Evans

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

17. INFORMANT (ADDRESS) Mrs. Geo. Miller Sleeper Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hooper Cemetery DATE July 17 1937

19. UNDERTAKER (ADDRESS) Stoutland Mo

20. FILED Sept 1 1937 Mrs. Mae Pool Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1937

22. I HEREBY CERTIFY That I VIEWED attended deceased from July 16, 1937, to _____, 19____.

I last saw him alive on between, 19____. Death is said to have occurred on the date stated above, at 7 P.M. to 12 P.M.

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

gun shot wound - shot from a gun in the hands of an unknown person

Other contributory causes of importance: Person

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? homicide date of injury July 15, 1937

Where did injury occur? St. Louis, Camden Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In his home on his farm

Manner of injury gunshot

Nature of injury in chest just below breast

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) B. Woolery Coroner, M. T. (Address) Camden, Mo.

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.

1122

15

OCCUPATION

FATHER MOTHER

