

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.

23

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

Do not use this space.

OCT 22 1937

1. PLACE OF DEATH

County  
Township  
City

Newton  
Shoal Creek  
R. R.

Registration District No.

1046

Primary Registration District No.

5810

File No.

34895

Registered No.

St. \_\_\_\_\_ Ward)

2. FULL NAME

Eva 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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*  
4. COLOR OR RACE *W.*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *widow*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-6-37*

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

22. I HEREBY CERTIFY, That I attended deceased from *9-5-37* to *9-5-37*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 24 1884*

Last saw him *Sept 5*, 1937. Death is said to have occurred on the date stated above, at *7 A.* m.

7. AGE YEARS *53* MONTHS *2* DAYS *B.* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

*Cause unknown*  
*Probable Organic Heart attack*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maine*

Other contributory causes of importance:  
*Natural Cause*

13. NAME *Eva Bright*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maine*

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *No*

15. MAIDEN NAME *Mary Nash*

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maine*

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

17. INFORMANT *M. J. Whitney*  
(ADDRESS) *Edgerton Ave*

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) *Loey Thompson* *Coroner*  
(Address) *4 Neesho* *Mo*

18. BURIAL, CREMATION, OR REMOVAL *Franklin Project 9-1-37*

19. UNDERTAKER *Humbert*  
(ADDRESS) *140*

20. FILED *9-7-37*

Registrar

10/21/11  
Kip and [unclear]

11-1-11

[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]

[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]