JUL 17 1938

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

Do not use this space.
22638

1. PLACE OF DEATH
County Pettis — Registration District No. 669
Township — Primary Registration District No. 3032
City Sedalia (No. 809, North New York St. Ward)

File No. ~~185~~ 186
Registered No. 668

2. FULL NAME John B. Light 220

(a) Residence, No. 809 N. New York 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 Emma

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 12, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton, Ill.

FATHER
13. NAME Hezekiah Light
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Emma Virginia Stidley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Wm. H. Carl
(ADDRESS) Sedalia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE June 8, 1938

19. UNDERTAKER Gilleapie Funeral Home
(ADDRESS) Sedalia, Missouri.

20. FILED 6-7 1938 Jean Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1937, to 6-6, 1938
I last saw him alive on 6-6, 1938. Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	Jan. 1, 1938
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Other contributory causes of importance: Bronchitis following cold July 1937

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? No
If so, specify
(Signed) W. E. Best, M. D.
(Address) Sedalia 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.