

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.

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

Do not use this space.

REC'D JUL 14 1939

21841

1. PLACE OF DEATH

County Chariton
 Townshp Brunswick
 City Brunswick (No. 0)

Registration District No. 169
 Primary Registration District No. 4098

File No. 21841
 Registered No. 27
 St. _____ Ward)

2. FULL NAME FANNIE 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Wm. H. Bright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-1-1875</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>8</u>
		DAYS <u>10</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	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) <u>Saline Co. Mo. 0</u>		
FATHER	13. NAME <u>Albert Smith 1</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Mary Cooper</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co. Mo</u>	
17. INFORMANT <u>Kirk Johnson</u> (ADDRESS) <u>Omaha Nebraska</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>De Mill No</u> DATE <u>June 14 1939</u>		
19. UNDERTAKER <u>L. W. Maish</u> (ADDRESS) <u>Brunswick, Mo</u>		
20. FILED <u>June 12 1939</u> <u>Harry E. Tatum</u> Registrar. <u>158</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 - 1939

22. I HEREBY CERTIFY, that I attended deceased from Apr 1 - 1939 to June 10 1939
 I last saw her alive on June 10 1939 Death is said to have occurred on the date stated above, at 2:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
Chronic arterio-sclerosis
 Date of onset Dec 1938
 Other contributory causes of importance: Don't know
 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) Harry E. Tatum M. D.
 (Address) Brunswick Mo

RECEIVED

District Health Officer No. 8,

District File Number

11/2/39

Date Filed