

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

Do not use this space.

9207

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No.)

Registration District No. 207
Primary Registration District No. 3012

File No.
Registered No. 38
St. Ward)

2. FULL NAME

(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 Female 4. COLOR OR RACE wego 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 10 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo.

FATHER 13. NAME John Bright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo.

MOTHER 15. MAIDEN NAME Martha Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay, Mo.

17. INFORMANT (ADDRESS) John Bright, Liberty, Mo.

18. BURIAL, CREATION, OR REMOVAL PLACE Liberty, Mo. DATE 3/12/31

19. UNDERTAKER (ADDRESS) 6 Church, Weber Co, Liberty, Mo.

20. FILED 4/10/31 W. H. Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/8/31, 19..... to....., 19.....
I last saw him alive on 3/9/31, 19..... Death is said to have occurred on the date stated above, at 4 P.m.

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

Broncho Pneumonia

Date of onset

or Flu
11 A
107A
110W
3/7/31

Other contributory causes of importance:

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. (1)

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) W. H. Goodson, M. D.

(Address) Liberty, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 21 1931

