AUG 23 1929

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

Do not use this space.

21111

1. PLACE OF DEATH

County Dunklin — Registration District No. 288 — File No.

Township — Primary Registration District No. 4172 — Registered No.

City Kennett (No. ..... St. ..... Ward)

2. FULL NAME Jos. N. Bright

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: M
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 Elizabeth Phillips Bright

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-18 1838

7. AGE: Years 90 — Months 9 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer-Retired
(b) General nature of industry, business, or establishment in which employed (or employer): 20 years
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrick Co. (STATE OR COUNTRY) Ind

PARENTS

10. NAME OF FATHER Oliver C. Bright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Julia N. Norman (Address) Parma, Mo.

15. FILED 7/16, 1929 Wheeler Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/5 1929

17. I HEREBY CERTIFY, That I attended deceased from May 29th, 1929, to June 5th, 1929, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 5:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation
92.A
97
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteri Sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wheeler Davis, M. D.
, 19 (Address) Kennett Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sadler Chapple — DATE OF BURIAL: 6/6 1929

20. UNDERTAKER: Baldwin Furn Co — ADDRESS: Kennett

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.