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

Do not use this space.

289

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 110
Township — Primary Registration District No. 1001 — Registered No.
City St, Joseph Mo., (No. 413 E. Franklin St. Ward)

2. FULL NAME Robert Thomas Bright
(a) Residence. No. 413 E. Franklin 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Ollie Bright

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	51	0	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Porter 245
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbia Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs Ollie Bright (Wife)
(Address) 413 E. Franklin

15. FILED JAN 26 1931, 19 John G. Itt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25-31 19

17. I HEREBY CERTIFY, That I attended deceased from 23 January to 19 25 January, 19 31 that I last saw him alive on 25 January, 19 31 and that death occurred, on the date stated above, at 12,30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerrebral Hemorrhage - Apoplexy
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. 1½ mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Test
(Signed) [signature], M. D.
26 Jan 1931 (Address) 1908 Messanie

*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 Leavenworth Kans — DATE OF BURIAL 1-27 1931

20. UNDERTAKER B. F. Graves Funeral — ADDRESS 806 S. 17th

Funeral Home

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

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.

MARGIN RESERVED FOR BINDING

FEB 18 1931