

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.

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

Do not use this space.

1. PLACE OF DEATH
 10 County Boone Registration District No. 73
 3 Township _____ Primary Registration District No. 3006
 8 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME William Alexander Bright
 (a) Residence, No. P.F.D. 6 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

8505

File No. _____
 Registered No. 46

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Frances Bright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 8, 1930</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>5</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Banker & Farmer</u>		
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) <u>Callaway Co. Mo.</u>		
13. NAME <u>Michael Bright</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewisburg, Va.</u>		
15. MAIDEN NAME <u>Jane Inc. Chung</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewisburg Va.</u>		
17. INFORMANT <u>Mrs. W. A. Bright</u> (ADDRESS) <u>R.F.D. Columbia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis Ashes Burial Place</u> DATE <u>3-7-1933</u>		
19. UNDERTAKER <u>Parker Lumber Co.</u> (ADDRESS) <u>164 10 Columbia Mo</u>		
20. FILED <u>3/6/1933</u> <u>Allice Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to Mar. 4, 1933. I last saw him alive on Mar. 4, 1933. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Colitis & Hemorrhage Date of onset 1913
120B
120

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Les. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? No (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. D. Dygert, M. D.
 (Address) Columbia, Mo.

