

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 17 1937

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

Do not use this space.

1013

1. PLACE OF DEATH

County DeWitt Registration District No. 925
Township Walnut Grove Primary Registration District No. 3750
City Oberlin (No. 17) St. _____ Ward _____

File No. 111
Registered No. _____

2. FULL NAME George Harry Brighton

(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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen Metcalf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-10-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>73</u>	<u>10</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labrar 25!

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) Ind.

13. NAME Alexander Brighton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Harriet Babbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Marion J. Brighton Oberlin Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Home DATE Jan. 28, 1937

19. UNDERTAKER (ADDRESS) Boyer Funeral Home Walnut Grove Mo

20. FILED 7-29 1937 Etha B. McClurg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937, to Jan 27, 1937.
Last saw him alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at _____ P. M.
The principal cause of death and related causes of importance were as follows:

Branchial pneumonia Date of onset 5 days

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? physical 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. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. B. Smith M. D.
(Address) Malvern, Maul Mo

