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.

REC'D SEP 13 1938

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

27878
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kan
(c) City Kansas City
(d) Street No. KC Gen Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
Registered No. 3189

2. PRINT FULL NAME ~~Robert Bright~~ Theodora Wilson Bright.
(a) Residence, No. 2343 Jarboe St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wh
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) July 16 1873
7. AGE YEARS 65 MONTHS DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer.
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) Penn.

FATHER
13. NAME John Bright.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Sarah McDonald.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mrs. Anna Bright Shawnee, Kans.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 8-12-38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. T. Forsters 914 Brooklyn Ave
20. FILED Aug 11, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1938, to 8-10, 1938
I last saw ~~her~~ alive on 8-10, 1938 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach; Pellagra

Date of onset

Other contributory causes of importance: 4.10

Generalized Arterio Sclerosis

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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?
If so, specify
(Signed) P. F. De Maria, M. D.
(Address) Supt KC Gen Hosp KC Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.