

REC'D FEB 23 1939

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

2187

Do not use this space.

1. PLACE OF DEATH

(a) County Duplekin 2 Registration District No. 290
(b) Township Dale Primary Registration District No. 5408 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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.

2. PRINT FULL NAME

Mary Evelyn Bright
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Andrew Jackson Bright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 29

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

FATHER 13. NAME John Will Shaleon

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

MOTHER 15. MAIDEN NAME Mary Garton

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

17. INFORMANT (ADDRESS) John Bright, Senado, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 2-5-1939

19. FUNERAL DIRECTOR (ADDRESS) McDaniel Funeral Home, Senado, Mo.

20. FILED Feb 9 1939 A. D. McDaniel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 - 1939

22. I HEREBY CERTIFY That I attended deceased from Feb - 1 1939 to Feb - 4 1939

I last saw her alive on Feb 4 1939 Death is said

to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Schar Pneumonia

Date of onset
1-29-39

Other contributory causes of importance:

Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) H. McDaniel M. D.

(Address) Senado, Mo.

RECEIVED

District Health Officer No. 3

District File Number 39-16

Date Filed 2-10-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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