

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

Do not use this space.

File No. **9210**  
Registered No. **32**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 24 County **Osage** Registration District No. **201**  
 5 Township **Liberty** Primary Registration District No. **3012**  
 City **Liberty** (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME **Harry Bright**  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 **male** 4. COLOR OR RACE **negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Leviah Bright**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 22, 1844**  
 7. AGE YEARS **86** MONTHS **4** DAYS **17** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labourer**  
 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) **5yo.** 11. Total time (years) spent in this occupation **75**  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Osage Co., Mo.**  
 MOTHER 13. NAME **Joe Bright**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Liberty, Mo.**  
 15. MAIDEN NAME **Nancy**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Osage Co., Mo.**  
 17. INFORMANT **Miriam Peckley** (ADDRESS) **Liberty, Mo.**  
 18. BURIAL, CREMATION, OR REMOVAL **buried** PLACE **Liberty, Mo.** DATE **3/11/31**  
 19. UNDERTAKER **Church, Archer & Co** (ADDRESS) **Liberty, Mo.**  
 20. FILED **4/10/31**, 19\_\_\_\_ **Wm. H. Goodson** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 9 - 1931**  
 22. I HEREBY CERTIFY, That I attended deceased from **Feb. 18th 1931** to **Mar 8th 1931**  
 I last saw him alive on **Mar 8**, 1931 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
**Interstinal. Nephritis**  
**Arteriosclerosis**  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **pathol.** Was there an autopsy? **no**  
 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. E. Surver**, M. D.  
 (Address) **Liberty, Mo.**

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.

APR 21 1931

