

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

Do not use this space.

9723

1. PLACE OF DEATH

County Linn Registration District No. 962
Township Appleton Primary Registration District No. 5675
City..... St. Ward)

File No.....
Registered No.....

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Brummitt

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>3</u>	<u>29</u>	<u>-</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Elbert Curtis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Julien Coy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14. INFORMANT

Tom Brummitt
(Address) Richwood Mo

15. FILE

3-20578 REGISTRAR E. M. Coy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-19 1928

17. I HEREBY CERTIFY, That I attended deceased from 3 1928 to 3 1928

that I last saw h. alive on 3-19 1928, and that death occurred, on the date stated above, at 12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
7401
820
12/6

CONTRIBUTORY (SECONDARY) chemic hall stone
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) E. Spasser M. D.
, 19 (Address) Jamesport Mo

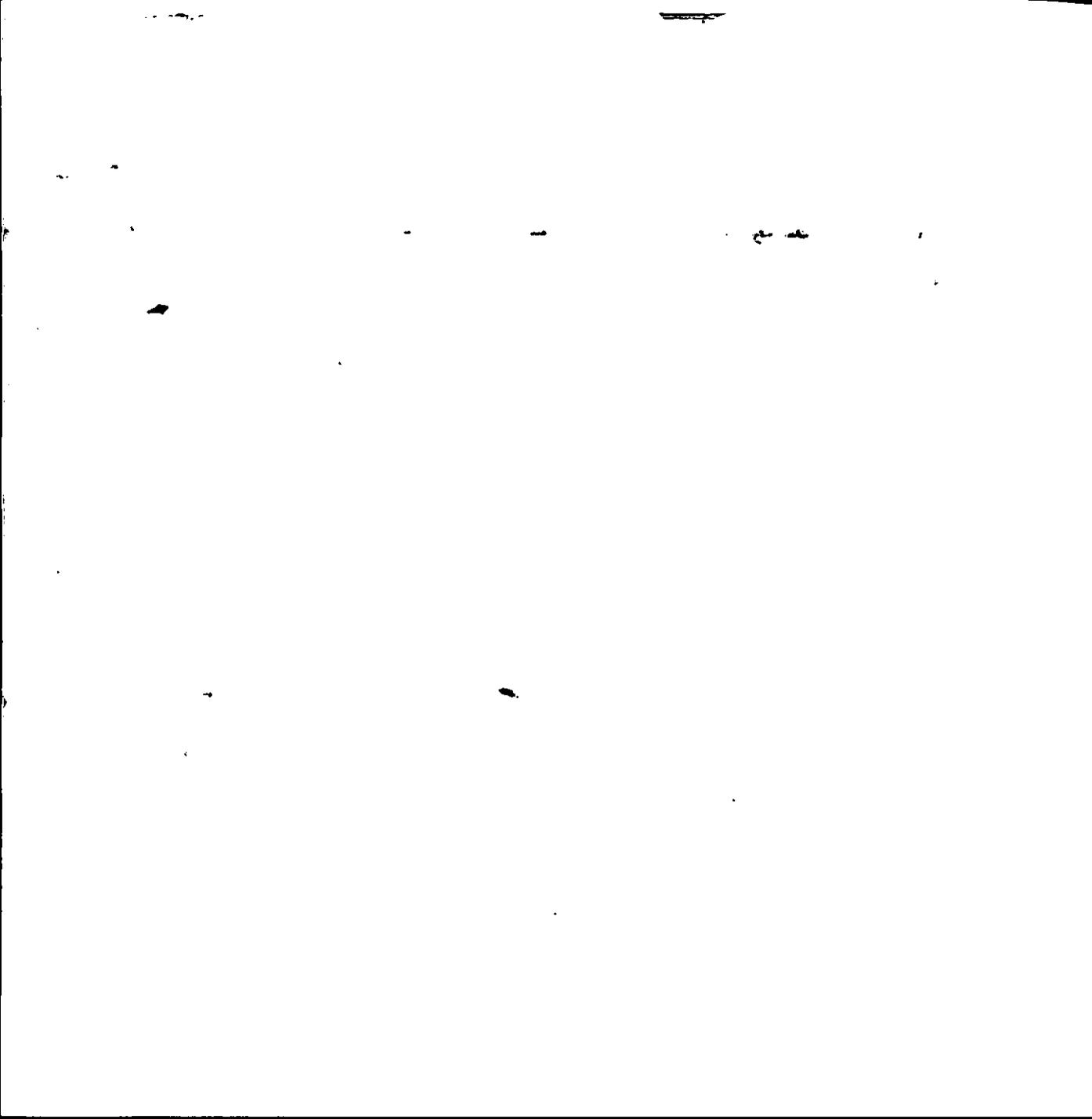
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Brummet Cem Mar 26 1928

20. UNDERTAKER ADDRESS

H. J. Peterson Jamesport



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Livingston Registration District No. 962 File No. _____
 Township _____ Primary Registration District No. 0-670 Registered No. 4
 City _____ (If nonresident give city or town and State) _____ St. _____ Ward _____

2. FULL NAME Elizabeth Jane Brummitt
 (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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **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 Tom Brummitt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known 1863

7. AGE YEARS MONTHS DAYS 63 3 29 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-19 1928

17. I HEREBY CERTIFY That I attended deceased from 3-18 to 3-19 that I last saw h. _____ alive on 3-19, 1928, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Apoplexy
 (duration) 3 hrs yrs. mos. da. _____

CONTRIBUTORY Chronic gall stone
 (SECONDARY) (duration) _____ yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED THU
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) G. D. Harris, M. D.
3-21, 1928 (Address) Jamesport Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Elliott Curtis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Wilder Coy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

14. INFORMANT Tom Brummitt
 (Address) Hickory Mo

15. 225 28 N. L. White
 Filed _____ 1928 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Drannel Cemetery **DATE OF BURIAL** Mar 26 1928

20. UNDERTAKER H. S. Roberson **ADDRESS** Jamesport

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPILED AS PRESCRIBED BY THESE REGULATIONS.

5-11-5