

Y 29 1928

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

Do not use this space.

12568

1. PLACE OF DEATH

County Carter Registration District No. 143
Township Carter Primary Registration District No. 5-205
City Chicopee (No. _____) St. _____ Ward _____

2. FULL NAME

(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 Martha Protoman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 5

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co., Mo.

10. NAME OF FATHER Mr. Robert Briles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North C.

12. MAIDEN NAME OF MOTHER Anna Ann Rose

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

14. INFORMANT (Address) Mr. Robert Briles, New Liberty

15. FILED 4-26-28 J. W. Cotton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 25, 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1928 to Apr. 25, 1928 that I last saw h.A.N. alive on Apr. 25, 1928, and that death occurred, on the date stated above, at 2:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpura Sepsis with Flu.
1460 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Carter (duration) yrs. mos. 9 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

6. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. W. Cotton, M. D. (Address) The Bureau, 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 The Burial Cem. DATE OF BURIAL 4/26/1928

20. UNDERTAKER E. R. Burrows ADDRESS The Bureau.

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.

WRITE COMPLETELY

