

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

Do not use this space.

15952

15682

**1. PLACE OF DEATH**

County Webster Registration District No. 901  
 Town West Benton Primary Registration District No. 6209  
 City Rogersville (No. R #3) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 10  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Ella Sayers St. \_\_\_\_\_ Ward R #3  
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF J.C. Sayers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 | 3 | 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House 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 W.R. Brook

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) N. Car.

12. MAIDEN NAME OF MOTHER Martha Aldrich

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

14. INFORMANT J.C. Sayers (Address) Springfield Mo

15. FILED Apr. 6, 1928 Nellie Atkins REGISTRAR

**MEDICAL CERTIFICATE OF DEATH:**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1927, to April 2, 1928, that I last saw him alive on April 11, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculosis lungs  
2 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Specimen (Signed) J.C. Sayers

\*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.  
Apr 2, 1928 (Address) 623 Woodway

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Not Olive Cemetery DATE OF BURIAL April 4, 1928

20. UNDERTAKER J.W. Klingner & Co. ADDRESS 4246 Conl Springfield, Mo

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.

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