16494-a

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

Do not use this space.

16494-a

1. PLACE OF DEATH
County: Charlton — Registration District No.: 169
Township: [illegible] — Primary Registration District No.: 4099
City: Brunswick (No. ..., ..., St., Ward)

File No.:
Registered No.: 25

2. FULL NAME: Catherine Louise Dean

(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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June-25-1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	10	14	

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

9. BIRTHPLACE (CITY OR TOWN): Mexico
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: J. H. Dean
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Calloway Co. Mo.
12. MAIDEN NAME OF MOTHER: Ella Halloway
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Andrain Co. Mo

14. INFORMANT: J. H. Dean
(Address): Brunswick Mo.

15. FILED: 4/18, 19 21 — N. E. Iteum, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1928, to May 9, 1928, that I last saw he alive on May 9 1:00 p.m., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Myocarditis 8
2. Endocarditis (acute septic) (duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (SECONDARY): Scarlet fever (duration) ... yrs. ... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Harry E. Statum, M. D.
, 19 (Address) Brunswick 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
Centralia Mo	May 11th 1928
20. UNDERTAKER	**ADDRESS**
L. Meisel	Brunswick 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD