

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

37610

1. PLACE OF DEATH

County Meroux
Township Morgan
City Huntsburg (No.)

Registration District No. 556
Primary Registration District No. 4328

File No.
Registered No. 167
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
81 10 22

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) Huntsburg
(STATE OR COUNTRY) Pa.

10. NAME OF FATHER James Thomas

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs. Dafe Sparks
(Address) Princeton, Mo.

15. FILED 12/19 28 JM Perry
Register

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 19 28

17. I HEREBY CERTIFY That I attended deceased from April 1 19 28, to Nov 23 19 28 that I last saw her alive on Nov 23 19 28, and that death occurred, on the date stated above, at 3 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Thrombosis
131
82 H
(duration) yrs. mos. da. 3

CONTRIBUTORY Chronic Interstitial
(SECONDARY) nephritis
(duration) yrs. mos. da. 7

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...
DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exp
(Signed) James, M. D.
10/34, 19 28 (Address) Princeton 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 Princeton, Mo. DATE OF BURIAL Nov. 25 19 28

20. UNDERTAKER Ball Moss ADDRESS Princeton Mo.

WRITE PLAINLY, WITH UNFADING INK. 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.

