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

Do not use this space.

11572

1. PLACE OF DEATH
County Miss
Township Wolf Island
City ..... (No. ..... St. ..... Ward)

Registration District No. 567
Primary Registration District No. 5767

File No. .....
Registered No. 19

2. FULL NAME George Robert Brashirs

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11-30-23

7. AGE: 5 yrs — YEARS; MONTHS: 4; DAYS: —; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none 1797
(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): Wolf Island Township

PARENTS
10. NAME OF FATHER: Geo Brashaw
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bardwell Ky.
12. MAIDEN NAME OF MOTHER: Jessie Meeks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Carey Mills Mo.

14. INFORMANT: George Brashirs
(Address): Wolf Island Mo

15. FILED 3-30, 1929 Duff M Hodges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 30 - 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Did not see until after death but from history of case and all indications, it was death caused by child eating 12 Lane's Pills - not suicidal and no indications of foul play - (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (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) Geo M. Whitaker, M. D.
3-30 1929 (Address) East Prairie 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: Oak Grove Cemetery
DATE OF BURIAL: 3-31 1929

20. UNDERTAKER: Lair Und. Co [signature]
ADDRESS: Charleston, 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.

THIS IS A PERMANENT RECORD