

NOV 21 1930

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

Do not use this space.

29401

1. PLACE OF DEATH  
 County Clark Registration District No. 193  
 Township Des Moines Primary Registration District No. 5270  
 City (No. City St. Ward)

2. FULL NAME Harvey Brasby  
 (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 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (On wife) Wife of Harvey Brasby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-27-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 5 21

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

9. BIRTHPLACE (CITY OR TOWN) Lancaster (STATE OR COUNTRY) Ky

10. NAME OF FATHER John Brasby

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

12. MAIDEN NAME OF MOTHER Helen Moore

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

14. INFORMANT (Address) Mrs Harvey Brasby Wayland Mo

15. FILED Sep 19 1930 H. F. Hirsch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 18 1930

17. I HEREBY CERTIFY, That I attended deceased from 6 PM to 9:15 P.M. that I last saw him alive on Sept 18 1930 and that death occurred, on the date stated above, at 9:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

131  
92A  
Myocardial Regurgitation  
 (duration) 7 yrs. mos. ds.  
 CONTRIBUTORY Atherosclerosis  
 (SECONDARY) about  
 (duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, DATE OF OPERATION PRECEDE DEATH? WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS?  
RAA  
 (Signed) W. J. Maguire, M. D.  
Wayland  
Sep 19, 1930 (Address)

\*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  
Method Lee Co Ia 9-21 1930

20. UNDERTAKER ADDRESS  
H. F. Hirsch Wayland

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A MUST

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