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

Do not use this space.

File No. 9055

Registered No. 627

1. PLACE OF DEATH

County: Cape Girardeau Registration District No. 125

Township: " " Primary Registration District No. 3009

City: " " (No. ..... So Cape Girardeau St. ..... 8 Ward)

2. FULL NAME: Phillip Brassfield

(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: Female

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dont Know

7. AGE: Years: about 98 Months: ..... Days: ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scott Co Mo

FATHER

13. NAME: Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Arthur Brassfield Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL

PLACE: St Mary DATE: Mar 19, 1931

19. UNDERTAKER (ADDRESS): Lorberg F & N Co Cape Girardeau Mo

20. FILED: 3/18, 1931 W. C. Kremker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1931, to 3/17, 1931, I last saw her alive on 3/16, 1931. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/16/31

Other contributory causes of importance: .....

Name of operation: ✓ Date of: .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury: ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury: ✓

Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: .....

(Signed) George H. Hacker, M. D.

(Address) Cape Girardeau 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.

APR 21 1931

THIS CERTIFICATE, WHEN COMPLETED, BECOMES A PERMANENT RECORD